DOCUMENT RESUME

ED 078 232 AC 014 408

AUTHOR	Shroyer, Edgar H.; Seifried, Julianne
TITLE	Counseling and Community Services Center for the Deaf. A Comprehensive Counseling and Community Services Center for Deaf Adults. Final Report.
INSTITUTION	Pittsburgh Hearing and Speech Society, Inc., Pa.; Western Pennsylvania School for the Deaf, Pittsburgh.
SPONS AGENCY	Social and Rehabilitation Service (DHEW), Washington, D.C. Div. of Research and Demonstration Grants.
REPORT NO	SRS-RD-2264
PUB DATE	Jan 73
NOTE	71p.
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	*Adolescents; Adult Counseling; *Adult Education Programs; *Community Services; *Counseling Centers; Course Descriptions; *Deaf; Handicapped; Inservice Programs; Technical Reports; Vocational Rehabilitation

ABSTRACT

This project undertook to demonstrate the effectiveness of a counseling and community services center for deaf people in a metropolitan area. The experiment was based on the need to broaden the service base for deaf people, many of whom are not aware of or not able to make adequate use of regular community service facilities because of the problems of communication and rapport. The serious consequences of underservice on the well-being of deaf individuals have long been recognized. This project, therefore, is providing an important opportunity to demonstrate techniques whereby community services available to the general population may be made more available to deaf persons. The specific objectives of this research and demonstration program are as follows: (1) to increase the use of community services by the deaf population through imparting information to deaf persons on the availability of appropriate community services, to provide support to deaf clients so that they are likely to use these services, and to provide consultation and interpreting services to these agencies in order to bring optimum benefits to deaf clients; (2) to develop new and more effective resources in the community to serve deaf people, such as rehabilitation facilities, mental health facilities, and others; (3) to provide direct counseling services to deaf clients where outside community services are not available; (4) to establish a program of adult education for deaf people designed to reduce the need for special services either within the counseling center or in outside agencies; and (5) to provide for the training of personnel working with deaf people. (Author/DB)

FILMED FROM BEST AVAILABLE COPY

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

ED 078232

Ac

COUNSELING AND COMMUNITY SERVICES CENTER FOR THE DEAF

A cooperative research and demonstration project of the Pittsburgh Hearing and Speech Society and the Western Pennsylvania School for the Deaf

William N. Craig, Ph.D., Project Director
David H. Tornbloom, Financial Officer
Edgar H. Shroyer, Director
Julianne Seifried, Assistant Director

This investigation was supported in part, by Demonstration Grant No. RD-2264 from the Division of Research and Demonstration Grants, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D.C. 20201

January, 1973

AC014408

COUNSELING AND COMMUNITY SERVICES

CENTER FOR THE DEAF

Final Report of S.R.S. RD No. 2264

Pittsburgh Hearing and Speech Society

Pittsburgh, Pa.

~~November 1972~~ JANUARY 1973

William N. Craig, Ph.D.

COUNSELING and COMMUNITY SERVICES CENTER FOR THE DEAF

Final Report of SRS RD #2264

A Comprehensive Counseling and Community Services

Center for Deaf Adults

Affiliated with

Pittsburgh Hearing and Speech Society, Inc.

Report Prepared by: Edgar H. Shroyer, Director

Julianne Seifried, Assistant Director

Project Director: William N. Craig, Ph.D., Superintendent
Western Pennsylvania School for the Deaf
300 Swissvale Avenue
Pittsburgh, Pa. 15218

Financial Officer: David H. Tornblom, Executive Director
Pittsburgh Hearing and Speech Society
313 Sixth Avenue
Pittsburgh, Pa. 15219

~~November 1971~~
JANUARY 1973

This investigation was supported in part,
by Demonstration Grant No. RD-2264
from the Division of Research and Demonstration Grants,
Social and Rehabilitation Service,
Department of Health, Education, and Welfare
Washington, D.C. 20201

ACKNOWLEDGEMENTS

The establishment of the Counseling and Community Services Center for the Deaf resulted through the efforts of a number of individuals and agencies concerned about the welfare of deaf people. Specifically, this project sought to establish a resource and referral center for deaf adults in the community.

Dr. Sam Craig, retired Superintendent of the Western Pennsylvania School for the Deaf, had visioned a comprehensive Center serving deaf adults based on his long and fruitful experience in deaf education. He served as the catalyist for the program.

Dr. Ross Stuckless, former professor at the University of Pittsburgh, gave freely of his time and knowledge to develop a program of community services when no previous guidelines were available.

Dr. William N. Craig, present Superintendent of the Western Pennsylvania School for the Deaf, and David H. Tornblom, Executive Director of the Pittsburgh Hearing and Speech Society, administered the program with a high degree of imagination and expertise to insure that an innovative and effective community program of services resulted.

Willis Ethridge, first director of the Counseling Center, who laid much of the ground work during Phase I of the project.

The Pennsylvania Society for the Advancement of the Deaf and the Pittsburgh Association of the Deaf were original contributors to the comprehensive services concept and continues to serve as a "sounding board" and ally in initiating agency programs.

The cooperation and assistance from all levels of the Federal-State Vocational Rehabilitation Programs has been extremely beneficial: Lee Kebach, Past Director of the Pennsylvania Bureau of Vocational Rehabilitation and his staff; Donald Gallion, State Cordinator of Programs for the Deaf, Burke Gleason, Regional Director of the Bureau of Vocational Rehabilitation; and Drs. James Garrett, Deno Reed and Boyce Williams of the Federal Social and Rehabilitation Services. Their encouragement and interest in the program were an invaluable asset to its success in bringing comprehensive services to deaf adults.

Acknowledgement is also due to the program's and Pittsburgh Hearing and Speech Society's Board of Directors and the Center's Deaf Advisory Board: The Board of Directors for their willingness to venture into an area of services without precedent for deaf adults and give it their complete acceptance and support; the Deaf Advisory Board who served as our laison with the deaf community.

Finally, special acknowledgement is due to the Center's full and part-time staff members whose efforts and contributions led to the effective and efficient delivery of services to deaf people through this unique project.

E.H.S.
J.S.

Significant Findings for Rehabilitation
and Social Service Workers

1. A majority of existing community agencies are derelict in their responsibility to provide services to deaf people. This generally is due to the lack of understanding of the problem and inability of the staff to communicate with deaf people. (An attempt has to be made to provide existing agencies' staff with this information and skill via consultations.)

2. In light of the above, the needs of deaf people have to be considered when determining the depth of coverage provided by the Center.

3. Some services to deaf adults are either impossible or not feasible to establish in existing community agencies because of the infrequency of contact with deaf people and/or the geographical limitations placed on provision of service. In these cases, it is the responsibility of the Comprehensive Counseling and Community Services Center to develop new approaches to these services as an extension of the existing agency.

4. The ability to communicate using American Sign Language (ASL) with deaf clients is paramount in the rehabilitation process. Knowledge of ASL by a hearing person establishes almost instant rapport between a hearing person and a deaf person.

5. Not all services rendered by a comprehensive counseling and community service agency have to be provided by professional staff members. Some services i.e. personal assistance, ASL tutoring, and mobility training can be handled very effectively and efficiently by para-professional or non-professional personnel.

6. A comprehensive Counseling and Community Service Agency can effectively and efficiently serve as a training facility for students aspiring to work with deaf people in rehabilitation settings. This training is best achieved in conjunction with college or university programs.

7. Services to deaf people cannot occur in a vacuum. It is essential that the deaf consumer be actively involved in program development and decisions which may ultimately affect his welfare.

8. Many deaf people in state mental hospitals are there only because of their deafness; ignorance of the problems of deafness by professionals limits their return to society. These deaf people should be given every opportunity for resocialization and movement back into the community under proper guidance.

9. The rehabilitation process with deaf people generally takes three to five times longer than with hearing people. Communication looms as the salient variable in this factor, but coupled with this are lack of knowledge regarding vocational opportunities, low achievement levels and social immaturity of many deaf people.

10. Rehabilitation and habilitation for many deaf people is a life long process, and the services should always be available without going through the "red tape" of reopening closed cases.

11. In large metropolitan areas two or more vocational rehabilitation counselors should be assigned specifically to deaf case loads to insure vocational services to deaf people. These counselors should also be assigned to facilities serving deaf people on a regular basis to insure continuity of services.

12. It is extremely difficult to project the number of deaf people in any given area due to the isolation factor caused by deafness. Therefore, before any services or programs are established sufficient time should be invested in determining the population to be served and the need for services.

13. Aged people in this country experience considerable isolation and rejection by community agencies. This is especially true of aged deaf people. Efforts should be made to extend vocational rehabilitation and other services to these people on a pragmatic level.

ABSTRACT

This project undertook to demonstrate the effectiveness of a counseling and community services center for deaf people in a metropolitan area. The experiment was based on the need to broaden the service base for deaf people, many of whom are not aware of or not able to make adequate use of regular community service facilities because of the problems of communication and rapport. The serious consequences of underservice on the well-being of deaf individuals have long been recognized. This project therefore, is providing an important opportunity to demonstrate techniques whereby community services available to the general population may be made more available to deaf persons.

The specific objectives of this research and demonstration program sponsored by the Pittsburgh Hearing and Speech Society are as follows:

1. To increase the use of community services by the deaf population through imparting information to deaf persons on the availability of appropriate community services, to provide support to deaf clients so that they are likely to use these services, and to provide consultation and interpreting services to these agencies in order to bring optimum benefit to deaf clients.

2. To develop new and more effective resources in the community to serve deaf people such as rehabilitation facilities, mental health facilities, new educational facilities and others.

3. To provide direct counseling services to deaf clients where outside community services are not available.

4. To establish a program of adult education for deaf people designed to reduce the need for special services either within the counseling center or in outside agencies.

5. To provide for the training of personnel working with deaf people.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS
SIGNIFICANT FINDINGS FOR REHABILITATION AND SOCIAL SERVICE WORKERS
ABSTRACT

		PAGE
I.	INTRODUCTION	1
	A. Background	1
	B. The Problem and Objectives	1
	C. The Setting	2
	D. Review of Literature	3
II.	METHODOLOGY AND FINDINGS - PHASE I	4
	A. Staff	4
	B. Project Program	4
	1. Referrals to the Center	5
	2. Referrals from the Center	7
	3. Nature of Services	7
	4. Adult Education	8
	a. Description of Courses	8
	C. Evaluation of Original Goals	14
III.	METHODOLOGY AND FINDINGS - PHASE II	17
	A. Phase II of the Counseling Center for the Deaf	17
	1. Interpreting	19
	2. Consultation	23
	3. Tutoring Service	24
	4. Referral	25
	5. Counseling	27
	6. Evaluations	28
	7. Personal Assistance	32
	B. Personal Adjustment Training Program	33
	1. A case study in Illiteracy	33
	2. A case Study in Isolation	34
	3. A case Study in Emotional Reaction to Adolesence	35
	C. Other Agency Programs	36
	1. Providing American Sign Language to Clients in Vocational Rehabilitation Centers	36
	2. Internship Program	37
IV.	INVOLVEMENT OF CCD WITH ORGANIZATIONS FOR THE DEAF	41
	A. Center's Advisory Board	41
	B. Pittsburgh Chapter of Registry of the Deaf	41
	C. Pennsylvania Society for the Advancement of the Deaf	41
	D. Pennsylvania C.O.S.D.	42
	E. Pittsburgh Association of the Deaf	42
V.	FUNDING	43
	A. Mental Health/Mental Retardation Funds	43
	B. Legal Interpreting Funding	44
	C. Medical Funding	44

Page

D. Vocational Funding 45
E. Educational Funding 45
F. American Sign Language Classes 45
G. Bureau of Vocational Rehabilitation Funding 45
H. Client Fees 46
I. Third Party Contracts 46
J. Membership Drive 46
K. Department of Public Assistance 46
L. Medical Assistance Funding 47
M. United Fund Support 47
N. Breakdown of Funding Support 47

VI. IMPLICATIONS 48 - 50

CHARTS AND TABLES

TABLE		PAGE
I	Types of Agencies Serving Deaf Clients	5
II	Sources and Number of Referrals	6
III	Organizations Providing Direct Services but Requesting Consultation and Interpreting	6
IV	Services Provided by the Counseling Center in Phase I	7
V	Adult Education Classes and Attendance	13
VI	Interpreting Services	21
VII	American Sign Language Classes at the Pittsburgh Hearing and Speech Society	22
VIII	Tutoring Program	26
IX	Breakdown of Services Provided During Phase II	38
X	American Sign Language Classes	39
XI	Multiply Handicapped Individuals	40

APPENDICIES

A. Part-time Staff - Phase I and II 51

B. Personal Adjustment Training Program
Orientation to the Community 55

C. Bureau of Vocational Rehabilitation Proposal
Allegheny County Commissioners Proposal 61
Allegheny County Mental Health/Mental Retardation Proposal
Department of Public Assistance Proposal

I. INTRODUCTION

A. Background

The purpose of the Counseling Center for the Deaf as conceived by the original grant was to demonstrate the effectiveness of a comprehensive counseling and referral service for deaf people in a metropolitan area. Prior to the establishment of the Counseling Center, deaf people sought services from the local schools, and churchs for the deaf, neighbors or family members. The schools and churchs were often restricted by their function and personnel. The use of neighbors, friends and family resulted in limited or ineffectual service.

B. The Problem and Objectives

The original objectives of the project as laid out in 1966 were:

1. to determine the availability of community services and the adequacy of these services for the deaf population of Western Pennsylvania.

2. to determine the utilization of these services by the deaf.

3. to establish a model center for deaf people.

4. to establish an effective working relationship between the Center and all appropriate local community services and to provide consultation and professional advice to these agencies in matters pertaining to the welfare of deaf clients.

5. to determine the need for feasibility of a specialized adult education program and to establish a program for the deaf in these areas if it is needed.

6. to demonstrate that a local hearing society can effectively extend its services to the community by conducting a counseling and referral program for the deaf.

It was clearly not the purpose of the Center to duplicate the services of existing agencies. A survey of such established agencies indicated that those services most needed by deaf people already existed in the community.

The original proposal stated: "...in short, an active information center which would open up many new avenues in the community for deaf persons, assuring that deaf clients obtain the best possible service through existing agencies."

Another major goal of the Center as envisioned by those who were involved in its establishment was to establish a working relationship with the Bureau of Vocational Rehabilitation (BVR). The Counseling Center first saw itself as an agency which would make referrals to, and receive referrals from that state agency. In order to facilitate such services, the Center was to provide interpreting services for the State Vocational Rehabilitation.

A unique aspect of the project is that it has been administered through both Phase I and II by Pittsburgh Hearing and Speech Society (PHSS). This represented the first major commitment of a hearing society to serve the adventitiously or congenitally deaf individual.

The procedure by which the following goals were to be reached included:

1. A survey of existing agencies was made to determine which agencies in the area served or have rendered service to deaf clients.

2. Contacts were planned with these agencies to determine the nature and extent of the service rendered. At this time these agencies were to be informed of the Counseling Center's services with an appropriate referral channel established.

3. A concerted effort to reach the adult deaf community to inform them of services was a prime goal. This was to be done through personal contact and through leaders of the deaf community.

4. A regular mailing of information was to be initiated and sent to all members of the Registry of Interpreters for the Deaf in the area. This was to inform them of activities of the Center.

5. When counseling was within the scope of the Counseling Center's staff, it was to be rendered directly at the Center.

6. The need for adult education was to be reviewed with a follow up implimentation of a program.

7. Provisions were to be made with the University of Pittsburgh's Department of Special Education and Rehabilitation to use the Center for the purpose of applied training in counseling the deaf.

C. <u>The Setting</u>

When the Center began its operation, it was housed at the Western Pennsylvania School for the Deaf (WPSD). The school for the deaf is located in a residential area about 9 miles out of the Pittsburgh city proper. Across the street from WPSD is the Trinity Lutheran Church for the Deaf. The area had become a catchment for services rendered to the deaf in the past. The Center was housed in the school with plans to move it to the downtown area with the Pittsburgh Hearing and Speech Society after service had been established.

In 1968 the Center moved to its own quarters across the street from WPSD into a renovated 8 room house. The Center remains in that location to date with long range plans of consolidating to a comprehensive center with the Pittsburgh Hearing and Speech Society. Pittsburgh is a large metropolitan city with a consideral amount of heavy industry. It is estimated that approximately 3,000 deaf persons reside in the Pittsburgh area. The Western Pennsylvania School for the Deaf, DePaul Institute and local school programs account for approximately 800 deaf students in the area. Many of these students make their home in Pittsburgh after graduation.

D. Review of the Literature

There is a dearth of literature regarding community services for deaf persons. The literature that is available is reviewed in Research Trends in Deafness: State of the Art, available through the Department of Health, Education and Welfare, Social and Rehabilitation Service, Washington, D.C. This monograph reviews status studies which are concerned with the conditions of deaf people in the hearing community (Lunde and Bigman RD-79, Boatner, Stuckless and Moores RD-1295, Schein RD-734 and others.) The information provided by these studies has been helpful in indicating program needs of deaf people and in stimulating action for their promotion.

Several demonstration projects were initiated through the efforts of the Social Rehabilitative Service Program in an attempt to provide the needed vocational services found to be lacking in the studies mentioned (Little RD-1932, Hurwitz RD-1804 and Lawrence RD-1576). The concept of Counseling and Community Service Agencies also emerged as a dire need in the first status studies. The Pittsburgh Counseling and Community Services Center for the Deaf (RD-2264) was established with the idea that more comprehensive services were needed in large metropolitan areas. Gallaudet College (RD-642) also established a similar Center which further indicated "the need of deaf people for effective counseling services."

II. METHODOLOGY AND FINDINGS - PHASE I

A. Staff

For purposes of reporting, this paper is divided into two sections -- Phase I and Phase II.

During Phase I, the administration and execution of this project was carried out by the following people:

Dr. Sam Craig - Project Director
Dr. Craig was one of the original planners of the Center and was instrumental in its establishment. He was also Superintendent of the Western Pennsylvania School for the Deaf. Dr. Craig has since retired.

David H. Tornblom - Financial Officer
Mr. Tornblom has been Financial Officer throughout both Phase I and Phase II. He is the Executive Director of the Pittsburgh Hearing and Speech Society -- the agency through which the Counseling Center was originally funded.

Willis A. Ethridge - Director of the Counseling Center for the Deaf
Mr. Ethridge was the Director of the project until 1970. At which time he left the project to accept a position with the National Association of Hearing and Speech Agencies.

Beatrice Heid - Counselor
Mrs. Heid remained with the project untill 1969 at which time she left Pittsburgh when her husband graduated from medical school.

Julianne Seifried - Counselor
Miss Seifried came on staff 2¼ years after the project began. She remained through Phase I and is on staff to date.

Dr. James Collins
Dr. Collins was a doctoral candidate during Phase I and did occasional psychometrics for the Center.

Dr. Melvin Schwartz - Psychiatrist
Dr. Schwartz was a consulting Psychiatrist

(See Appendix A for additional staff during Phase I and II)

B. Project Program - Phase I

The major function of the Center in its initial stages was that of referral. This service was just carried out by the survey of agencies serving the deaf. See Table I.

TABLE I.

Types of agencies serving deaf clients,
and number of deaf clients served in 12 month period

Type of Agency	Number of Agencies	Number of Clients
Health		
(a) Medical	7	26
(b) Mental Health	4	9
Legal	3	19
Vocational Rehabilition	6	142
Welfare		
(a) Public Assistance	5	202
(b) Counseling	7	33
(c) Recreation	1	15
Education	4	15
Total	37	461

1. Referrals to the Center It was originally planned that the first six months of the project would be devoted exclusively to surveying existing community services to the deaf. No deaf clients would be served during this six month period. However, the need for services to the deaf was immediate and it became apparent that direct services should be initiated shortly after the beginning date of the project.

A formal announcement was sent to the 450 community agencies in Allegheny County, notifying them of the services of the Counseling Center. This announcement yielded numerous referrals from agencies. In addition other personal contacts, newspaper announcements, letters, and participation in local conferences yielded referrals. The sources and number of referrals to the Counseling Center during the initial five month period is indicated in Table II.

TABLE II

Sources and number of referrals
to the Counseling Center during initial five months of project

Source of Referral (type of Agency)	Number of Clients
Educational Organizations	8
Health	
(a) Medical	0
(b) Audiological	3
(c) Mental Health	
Legal	8
Vocational Rehabilitation	5
Welfare	
(a) Public Assistance	
(b) Counseling	1
(c) Recreation	
Deaf Organizations	17
Self-referral	26
Total	68

Table three indicates the number of clients among the total (21), for whom various agencies requested consultation and interpreting. Twenty one clients were served in this way. The remaining 47 clients were provided direct services at the Center.

TABLE III

Organizations providing direct services but
requesting consultation or interpreting from the Center

Vocational Rehabilitation	5
Legal	
(a) Courts	5
(b) Lawyers	8
Welfare	
(a) Mental Health	3
Total	21

Numerous referrals were the direct consequence of the formal announcement sent out by the Counseling Center, immediately after the announcements were sent out.

It was notable that the agencies who made referrals tended to abrogate a major share of their responsibility for the deaf client to the Counseling Center. Services requested of the Counseling Center tend to extend beyond consultation and interpreting. Problems encountered by these agencies tend to center on the fact that they do not feel prepared to work with deaf clients because of a communication breakdown.

2. Referrals from the Center During the first five months of operation of the Counseling Center, 68 deaf clients were served. Of this group, eight clients were referred to other community agencies for continuing services.

In each referral case, it was necessary for the Counseling Center to orient the agency personnel to the problems of the client. This frequently involved rather intensive preparation of particular individuals within their agencies to work with the deaf. Agencies were often reluctant to involve themselves in working with deaf people prior to this careful orientation. Despite this hesitancy in some areas, successful referrals were made to the several agencies. The agency most referred "to" was the Bureau of Vocational Rehabilitation who had previously served more deaf people than any other agency. This service was still, however, not reaching its maximum potential.

Clients frequently indicated reluctance to utilize outside services, preferring to depend upon the Center itself for services. The staff of the Counseling Center has given considerable attention to encouraging clients to use outside agencies.

3. Nature of Services Services of the Counseling Center have been varied, extending from orientation of agencies to better serve the deaf, to intensive long-term counseling.

Table III indicates the general classifications of services provided clients by the Counseling Center. Often, more than one service was provided. Often cases have been closed, but reopened for the same clients. A number of clients come to the Counseling Center with not one but a constellation of problems. These are not reflected in the following table.

TABLE IV

Services provided by the Counseling Center

Interpreting	9
Interpreting & Consultation*	11
Consultation	9
Guidance and Counseling	33
Other	6

*Consultation refers to services provided to cooperating agencies.

Of these clients who were counseled, approximately one-third required a single session, one-third required two to five sessions, and one-third required more than five sessions.

4. Adult Education

Adult Education classes were offered for the deaf and were sponsored by the Counseling Center for the Deaf and held at the Western Pennsylvania School for the Deaf. Table V shows the courses offered in the Adult Education Program over a four year period.

In implementing the program in Phase I it was felt that best results would be obtained if the deaf themselves were an integral part of the planning. Although the deaf were not formally surveyed as to their individual needs, clients were asked what they felt their interests were and were counsulted as a group at the Pittsburgh Association of the Deaf (PAD). Courses were then offered based on the interests of the deaf. A notice was mailed out to every deaf client known to the Center as to what courses were offered, where they were offered, and the times offered.

Courses through Phase I and Phase II were offered two nights a week for two 2½ hours for 8 to 10 weeks depending on the course. The length of the course was limited because of financial allotments.

a. Description of Courses

English A and B - In all instances only "English" or "Language Improvement" were listed. Classes were then divided into homogenious groups after a pre-test was given so as not to embarrass those in the slower class.

General Information - 1968 - In 1968 the General Information class was offered and guest lecturers were invited and an interpreter used. The enrollment was quite high but there was better than a 50% dropout. This was due to the fact that the lecturers were to esoteric and the deaf felt that they were not receiving anything from the course. Lawyers, Social Security experts, Insurance men, Income Tax representatives, etc. were invited lecturers.

Family Living - 1970-71 - This course was based on the original concept of General Information course. This time, however, guest lecturers were not brought in but the class was taught by several teachers of the deaf and hearing who had a command of sign language and specific knowledge of a particular area.

Civil Service I - Designed to help deaf people pass the Civil Service examination. Content included familarizing students with type of examination, increasing their speed and accuracy in answering the questions, and simulating the examination with samples of the examination.

Civil Service II - Same as Civil Service I but for those who took the first class but did not obtain a high enough score to be considered for employment.

Civil Service III - was offered in 1971 but was restricted to those people who were hired by the Post Office as temporary employees. This class was designed for those people already working at the Post Office but seeking to pass the examination necessary for permanent employment.

Telephone Indicator - this class was offered in 1968 and 69 and thereafter not offered. It was offered in 1970 but cancelled due to lack of response. It was felt that all those who were interested in the area attended one of the first two classes. Deaf individuals with good speech have come to know the use of the telephone with the telephone indicator. Reports from those using the telephone indicator suggest that this machine is now a vital part of their lives.

The class itself focused on the use of the telephone indicator. Telephone trainer equipment was given by the Bell Telephone Co. of Pittsburgh.

Beginning Drafting - Although this course was offered the first year only one individual expressed interest, consequently the course was cancelled. (It is interesting to note that in 1966 Pittsburgh needed draftsmen but today in 1972 most draftsmen find it difficult to obtain employment.)

Cake Decorating - This course was offered with a vocational orientation. Those who enrolled with the exception of one person, did so to enrich their homemaking skills. One woman did get hired by a bakery shop as a decorator as a result of this class.

Shop Math - This course was offered at the request of several employers who felt that their deaf clients were not progressing on the job relative to their peers. The employers made this course a requirement for their employees, hence the fact that there were no dropouts.

Personal Typing - This course was designed to give basic typing skills so that those in attendance could build these skills at home on their own time. The length of the course (10 weeks) is not sufficient time to develop typing skills to a point where they would vocationally enhance an individual.

Speech Reading - This course was offered to those deaf persons who felt the need to improve these skills. Although students did not drop out of the class in 1969, the class had to be cancelled in 1971 due to lack of response.

The Craig Lipreading Inventory (Form A) was used as a pre-test, and Form B was presented for the post-test.

The instructor felt that twice as much time should have been allowed in order to have significant gains. Here again, the time factor in the program was limited by finances.

Drivers Training - This class was offered at the request of the Deaf Advisory Board of the Counseling Center. Several difficulties were encountered in initiating a class of this type. Mainly, the Center had no driver training car.

An agreement with a local driving school was worked out whereby each individual paid for his own actual driving lessons with the school. These lessons were offered at a reduced rate of $6 an hour--normally $10 is charged. The course itself focused on the Pennsylvania driving regulations and the verbal part of the Pennsylvania Drivers Test. Out of both classes offered (1970-71) all but 3 people passed their examination.

Sex Education - The need for this course grew out of the requests for information at the Counseling Center. It had to be cancelled due to the lack of response. It was the feeling of the Center's staff that enrollment was negligible because people were embarrassed to be seen in the class. Another Sex Education class was planned and held with great success.

Classes were held at the Pittsburgh Association of the Deaf which is the social deaf club in Pittsburgh.

The Counseling Center recognized the need to reach and educate as many deaf people as possible in two areas. It was evident by the kind of misinformation the deaf class members had and their requests for information, that something had to be done in the area of Sex Education. Because this program had poor response in the Adult Education Program at Western Pennsylvania School for the Deaf, a new approach had to be taken.

It was felt that if the class was held at the Social club on a Sunday night, people would be more likely to attend. Planned Parenthood was contacted and a representative met with a Center staff member to select and review materials prior to the class. The program was advertised and set up to continue for 3 to 4 weeks.

Over 250 deaf adults and young adults attended. Ages ranged from 17 to 70. A high interest level was maintained throughout the program and attendance increased with each session.

Although the Program was presented by Planned Parenthood (interpreters were used) the focus was not on family planning, but gave a broad overview of sex education.

Social Security - Almost daily a client of the Center would request some information with regard to Social Security. Because of the lack of understanding on the part of deaf people about this service, the Center set up another class at the Pittsburgh Association of the Deaf patterned on the Planned Parenthood class.

An administrator came and gave a general overview of Social Security, the benefits, how to apply and eligibility requirements. The presentation was followed by questions and answers. The session lasted for $3\frac{1}{2}$ hours with 75 people attending.

More programs of this nature are planned by the Center. Current evidences of success include:

1. large attendances
2. positive feedback received from participants
3. comparative ease of such programs

It is anticipated that a few classes in sign language will be offered to the deaf to familiarize them with the new signs and help them upgrade their own manual skills.

Another program in the planning stages will be presented to several Catholic families requesting a program on natural birth control methods. This program will be sponsored by the Center and the Family Life Division of the Pittsburgh Catholic Diocese.

In evaluating the Adult Education programs for both Phase I and Phase II the following questions were posed after each program in order to gain a better perspective of content and results for future planning.

1. Who came to Adult Education?
2. What did the students expect to gain from the Program?
3. What gains could be expected from such a program?

The year 1968 had the largest enrollment of the four year program. That year also had the largest dropout rate. Those in attendance were of no specific age group or income level. Achievement levels and intelligence levels were varied and ranged from deaf with mild retardation to college graduates. This profile did not change in Phase II with a continued cross section in attendance.

From the classes offered and the enrollment in each, it might be noted that those classes offering some remedial skills had the poorest response. It was the feeling of the deaf advisory board to the Adult Education Program that deaf people felt these classes to be embarrassing, i.e., English, Shop Math. Essentially these deaf people felt no appreciable gains could be made for the effort invested in courses they had previously taken in high school.

Those classes which offered some tangible results were the most popular. For example, a person taking the Civil Service course could realistically gain vocational advancement; those enrolled in drivers training could obtain a drivers license; those in typing or cake decorating developed a useful or enjoyable skill. In these courses, the skills to be gained were specific and the rewards of their efforts immediate.

For many, the Adult Education Program offered a social outlet.

In evaluating the overall gains from the Adult Education Program, two factors stand out. Several people found employment at the Post Office under Civil Service. Since the Postal System took over the Post Office, no additional deaf people have been hired. This was the result of cutbacks in employment and a freeze on hiring. Six deaf people now enjoy permanent employee status as a result of the Civil Service Classes.

The six individuals enrolled in the 1969 math class did so at the request o their employers. Each is still on the job with employer satisfaction.

One cannot really look at the gains without also describing the noted weakness in the program. The most obvious weakness in the instructional progra was lack of support by the deaf themselves. Interest level declined sharpl

in the first year in spite of efforts to respond directly to requests.

Factors contributing to this decline in interest were:

1. Residential school site. Because of funding limitations, classes were held on the campus of the residential school. Some deaf people expressed the feeling that they did not like going back to that setting for their adult program.

2. Social and sporting events which took precedent over adult education.

3. Limited success of the Counseling Center staff to "sell" the importance of continuing education. The Center found much verbal support but in reality found that a lack of understanding on the part of deaf individuals prevailed in spite of efforts made by staff to promote the program.

4. Lack of appropriate adult education materials. Limited teaching materials were available and each teacher had to devise or revise almost all materials used. This was especially true in the classes for the Civil Service examination. Practice and programed material also had to be made for each class.

5. Lack of college or high school credit attached to the courses.

6. Lack of hobby and activity type classes.

7. Length of the course since a standard time period was used. In some instances, shorter courses would have been preferable.

Some of the strengths of the program included:

1. The teachers had good manual communication skills and an understanding of the educational difficulties, particularly with language, of many deaf people.

2. For those in attendance, rapport between teachers and students was good with a high interest level maintained. (This was true after the first or second week of classes when those who were not really interested dropped out of the program.)

3. The addition of the deaf advisory board in Phase II which managed to better involve the deaf themselves in planning their own program and in chosing classes more in tune with the desires of the deaf.

4. The tution factor tended to discourage poorly motivated people and attract only those with real interest.

Adult Education was not offered in 1972 due to funding priorities. Efforts have begun to have Adult Education for the deaf come under the State Adult Basic Education Program through the effort of Deaf Adults With Neen (DAWN) Program. The first class was to be offered in October 1972. Plans to expand the program will be contingent on the success of the first program. The classes here will be state supported through the Pittsburgh City Schools. The DAWN representative for this area, Mr. Sol Schwartzman, will coordinate this program.

TABLE V

Adult Education Classes and Attendance

	Attendance							
	1968	DO	1969	DO	1970	DO	1971	DO
English A	20	14	7	0	4	0	5	0
English B	12	2	6	1	4	0	4	0
Gen. Info. Lecture	40	27	NO		NO		NO	
Civil Service I	32	NR	10	0	9	0	9	1
Civil Service II	NO		9	0	6	1	6	0
Civil Service III	NO		NO		NO		3	0
Telephone Indicator	12	0	19	3	C		NO	
Beginning Drafting	15	0	NO		NO		NO	
Cake Decorating	15	0	NO		NO		NO	
Shop Math	NO		6	0	C		C	
Personal Typing	NO		10	1	7	0	8	1
Speech Reading	NO		6	0	NO		C	
Family Living	NO		NO		7	1	8	1
Drivers Training	NO		NO		14	6	6	1
Sex Education	NO		NO		NO		C	
Total	131	43	73	15	51	8	49	4

1968 - 3 hired by Post Office
1969 - 7 hired by Post Office temporary

KEY: DO - Dropout
NO - Not Offered
C - Cancelled due to lack of response
NR - No Record

C. Evaluation of Original Goals

In evaluating the original goals of the Center as they were laid out in the original grant of 1966, the following conclusions and evaluations can be made:

Goal 1. - to determine the availability of community services and the adequacy of these services for the deaf population of Western Pennsylvania.

The original survey of agencies serving the deaf (See Table I) indicated that the deaf were not utilizing existing agencies of the 450 agencies polled only 37 indicated having served deaf people in a 12 month period. This figure also does not reflect different clients seen. Service may have been rendered several times to the same client.

This survey also indicates that the majority of deaf people were seen by Vocational Rehabilitation agencies (142) and the Department of Public Assistance (DPA). The figure reflecting services by Vocational Rehabilitation agencies represents the State Bureau of Vocational Rehabilitation (BVR) which sees and serves the school age population. In relation to the figure of 142, it left a question about qualitative and quantitative services to deaf adults. It must also be noted here that the BVR in Pennsylvania primarily is a referral agency and only coordinates rehabilitation programs.

It is also the impression of the Center staff presently that the figure of 202 deaf people seen by the Department of Public Welfare (DPW) is inflated. It is subject to question for several reasons: 1. DPW does not keep records of deaf clients seen. 2. No caseworker is assigned a case load of deaf clients. 3. It probably includes people with communication disorders.

Goal 2. - to determine the utilization of these services by deaf people.

There are approximately 3000 deaf people in Western Pennsylvania. Of the 450 the Health and Welfare agencies surveyed, only 97 responded and only 37 reported having had contact with deaf people.

The fact that any mailing survey normally gives low response has been taken into consideration. It is not known how many agencies who did not respond did it because they serve no deaf people or how many just neglected to respond. With less than a 25% responding, it would indicate: 1. lack of interest. 2. lack of service and/or, 3. lack of understanding. The question remains whether or not deaf people in fact sought service at these agencies. The figures in Table I. also do not reflect qualitative services to those deaf seen at the agencies when they did seek service.

Goal 3. - to establish a model center for deaf people.

Through the support of Social and Rehabilitation Services (SRS), a model Center was established. The Center's functions in Phase I were based directly on the needs of the deaf in the Pittsburgh area, the needs and services are peculiar to the area. It can also be said that the conceptually Phase I can be a model for other Centers.

There are several unique aspects of the Pittsburgh area--unionized, industrialized.

During Phase I, the Counseling Center could conceptually be used as a model for other centers, but several aspects of the needs and services of the Center were indigenous to the Pittsburgh area. The deaf population served are generally from: 1. a residential deaf school. 2. an oral deaf school. 3. day classes of city and county schools. Also Pittsburgh is a heavily industrialized unionized town. This creates certain specific needs for deaf people to adjust to this community. More will be discussed regarding this in Phase II under client services.

During Phase I the trends and complexity of services to offer were difficult either to predict or to plan for prior to a client presenting a problem.

Initially there were two people on the staff at the Center. One person had to always be available in the office and no appointment was necessary. The Director at that time devoted the majority of his time to public relations and accompanying deaf people to other social service agencies. The majority of service requests were either Personal Assistance or Interpreting.

Goal 4. - to determine the need for a specialized adult education program for the deaf and to establish such a program if it were needed. The evaluation of this goal appears in the preceding section on Adult Education.

Goal 5. - to demonstrate that a local hearing society can effectively extend its services to the community be conducting a counseling and referral service for the deaf.

The affiliation of a Hearing and Speech Agency and a Community Services Center for the Deaf has proved quite effective for administrative and operational reasons.

The most positive outcome of the two agencies working together has been the fact that related but different disciplines have closely worked together in outlining and coordinating services. This in fact has always been needed and necessary but has not always done. Though combined efforts of Pittsburgh Hearing and Speech Society (PHSS) and the Counseling Center for the Deaf (CCD) some of the following positive outcomes have been effected.

1. Contracts have been established with Dixmont State Hospital which will result in more comprehensive services to those people with communication disorders and compounding mental health problems.

2. The Pittsburgh Hearing and Speech Society has a pre-school for hearing impaired children which utilizes a total communication approach, the only such pre-school in the area. The CCD has cooperated in providing services to those deaf parents whose children are enrolled in the program. The CCD also actively participates in Parent Group Meetings and the Coordination of the pre-school in general.

3. Through PHSS the community sign language class has been offered and taught by CCD staff. Through this open enrollment sign class, a broad segment of people gain only only sign language skills but an orientation and education on the problems of the hearing impaired. (See Table VIII)

4. Because Pittsburgh Hearing and Speech Society has been historically involved with the training of students in the hearing and speech areas, they were able to expand their training experiences to include the area of deafness. Hearing graduates, on an undergraduate level, have usually known little about the area of deafness. Presently undergraduate students at a local college are encouraged to gain exposures in working with the deaf and to have a course in sign language. This is done through a required course in Aural Rehabilitation which is divided into two areas- Rehabilitation of the Deaf and a class in American Sign Language.

Although great strides have been made in community awareness of the ramifications of hearing impairments, both agencies still see this as the most important task as a combined agency. It is felt by PHSS and CCD that without both professional and public awareness of such implications, services will continue to lag far behind other community services. Both agencies also feel that it is imperative for the public to be aware of a "total service" concept in the delivery of services. The idea of diagnosis alone has too long been the function of many hearing and speech agencies. What the joint efforts of PHSS and CCD have been able to realize is a pattern of diagnosis, treatment, and follow-up.

III. METHODOLOGY AND FINDINGS - PHASE II

A. Phase II of the Counseling Center for the Deaf

Phase II began in June of 1970. The major impetus of Phase II was the direct provision of services which were either inadequate or nonexistent in the community for deaf persons. A major break through in this regard was in November 1970 when a contract was awarded the Center by the Bureau of Vocational Rehabilitation (BVR). The signing of the contract made the Center an approved BVR facility from which the Bureau could purchase services according to their fee schedule. Also written into the contract was the Personal Adjustment Training (PAT) program based on a flat weekly rate for 12 week period with an 8 week extension available. (See Appendix C).

Additional ground work began during Phase II for funding from other sources -- the Allegheny County Commissioners for legal interpreting funds, the Allegheny County Mental Health/Mental Retardation Program, the Department of Public Assistance, third party contract with agencies serving the deaf, institution of a sliding fee schedule for the Center's deaf clients, the United Fund of Allegheny County, and fees for supportative services rendered by the Center to an agency serving a deaf client. (See Appendix C). Some of these sources proved fruitful while others were not. In all cases a considerable amount of time and effort were involved in making the initial contact, presenting the program and in follow-up.

Changes were necessary in order to provide for the termination of Federal money and to meet the increased demand for client services. In September 1971, two additional full-time persons came on staff bringing the total to five full time staff and three part time persons. One of the new staff members had worked previously for the Center on a part time basis while the other had just completed a four month internship at the Center. Although this permitted the director and assistant director to pursue funding sources, they were both involved with providing direct client services.

The Center's direct client services and community activities are described on the following pages.

Staff

Phase II was administered and carried out by the following people:

Dr. William N. Craig - Project Director
Dr. Craig assumed the responsibilities of the project when his father retired and he assumed the job of Superintendent of the Western Pennsylvania School for the Deaf.

David H. Tornblom - Financial Officer
Mr. Tornblom remained as Financial Officer.

Counseling Center

Edgar H. Shroyer - Director
B.S. Ohio State University - Elementary Education
M.S. Gallaudet College - Education of the Deaf
Doctoral Candidate - University of Pittsburgh - Special Education and Rehabilitation

M. Julianne Seifried - Assistant Director
B.S. West Virginia University - Secondary Education
M.Ed. University of Pittsburgh - Special Education and Rehabilitation
Sp. Dip. University of Pittsburgh - Rehabilitation of the Deaf

Elizabeth G. Murphy - Counselor
B.S. Penn State University - Elementary Education
M.Ed. Penn State University - Counselor Education (Rehabilitation)

Stella Stangarone - Tutor/Counselor
Non-Degree

Juan A. Pincheira - Psychologist
B.A. University de Montreal
Licentiate in Philosophy - College Immaculee Conception - Montreal
M.A. University Detroit - Psychology
Doctoral Candidate - University of Pittsburgh - Special Education and Rehabilitation

Sherman Pochapin - Psychiatrist
M.D. University of Pittsburgh, School of Medicine
Intern - Montefiore Hosp tal
USAF - Psychiatry

1. Interpreting

The need for interpreting services in the Pittsburgh area is varied and complex. Legal problems involve an interpreter to assist in courtoom procedures, witness testimony, and aid in general legal transactions involving real estate, will insurance, compensation, and domestic relations. Employment and job placement counseling generally require the services of an interpreter. The need for interpreters is also evident in areas involving medical and health problems, visits to the physicians office, hospital and emergency cases, psychotherapy and other aspects of psychiatric treatment. Other interpreting situations include religious affairs such as church services, marriages, funerals. (See Table VI).

The Center's staff has met the interpreting needs of deaf persons, and, in this respect, has gained the respect of these deaf persons. Interpreters must follow strict adherence to confidentiality. Although there remains a shortage of qualified interpreters, the Center has attempted to obviate this shortage by having an American Sign Language course twice a year. These courses include both a beginners class and an advanced class which are held in the spring and fall. (See Table VII)

Members of the classes are encouraged to enroll in the local chapter of the Registry of Interpreters for the Deaf (RID) which was established through the efforts of the Center. This enables those persons with interest and ability to get additional training and to skill levels necessary to serve as interpreters. A recent legal workshop on interpreting was held by the RID chapter with 98 persons registering.

Considerable interpreting time has been spent in educational settings (See Table VI). By using interpreters, the deaf individual may become a part of the classroom interaction. Deaf students have been enrolled in colleges, universities, community colleges and technical schools in the Pittsburgh area. Four different interpreters were employed at one time on a regular part-time basis for one deaf student attending graduate school. Another interpreter (hard-of-hearing) interprets 25 hours week for a deaf student attending a technical school.

The Pennsylvania Department of Motor Vehicles now permits the use of interpreters for low verbal deaf persons applying for driver's licenses waiving the written portion of the driver's examination.

The need and requests for interpreting services cross all socio-economic levels with a majority of requests coming from lower income deaf persons. It is this group that most frequently seeks assistance from health and welfare agencies and who need the assistance of an interpreter. Interpreting for middle income deaf persons is generally in legal, union, and company situations.

The importance of an interpreter for deaf persons cannot be over-emphasized in situations involving legal or medical problems. The following illustration outlines this problem:

An interpreter was requested by a legal agency in Pittsburgh to interpret for a deaf woman who had been to the office on several occasions. This was the first time an interpreter was involved. The deaf woman had two children by a previous husband who was also deaf. She had divorced him and was remarried to a hearing man who wanted to adopt the two children. The deaf woman went to the legal agency to initiate the necessary procedure for adoption and paid a $15 fee. Several weeks later she was again called into the office for some additional information. And again, no interpreter was present. A lawyer wrote the following question to her, "Do you want to adopt these two children?" The deaf lady wrote, "no." They were already her children, she wanted her husband to adopt them. Her fifteen dollars was returned several weeks later. She still assumed that the children would be adopted by her second husband. Quite some time later, she made another appointment with the agency. This time an interpreter was called. The adoption proceedings had been dropped as a result of the confused exchange of written notes. This seemingly minor incident resulted in a financial loss for the deaf woman and her two children. Her second husband had died in an accident. Since the children were not adopted they could not receive Social Security benefits or Veterans benefits, based on her second husband's records. This tragedy might not have happened if an interpreter had been called in to interpret at the beginning of adoption procedures.

Another situation where an interpreter was vital was in a medical situation involving a deaf woman who was to go through a heart catheterization. The doctors do such an operation under a local anesthesia in order to give instructions to the patient during the procedure. A Counseling Center staff member was called to interpret in the operating room for the deaf woman. Because the hospital found the service to fill a great need, the Counseling Center was then contacted to interpret all pre and post operative care for the woman Since this woman had poorly developed verbal skills, it is doubtful if she would have understood any of the procedure without an interpreter/counselor.

TABLE VI

INTERPRETING SERVICES

June 1970 to July 1972.

SERVICES	NUMBER OF TIMES
Legal	117
Medical	74
Social	86
Vocational	85
Drivers License	5
Social Security	14
Education (groups)	19
Church	3
Total	403

Educational
Classroom Total 3,516 hours
Average per student - 586 hrs.

LEGAL - Courtroom, Police Stations, Juvenile Court, Hearings, and any litigation or meetings with attorneys.

MEDICAL - Doctor's office, health clinics, hospital clinics, 2 operating room situations, Psychiatric settings, etc.

SOCIAL - Varying situations, i.e., property tax assessors, township meetings, Welfare office, food stamp office, insurance offices, housing, home purchase, etc. All situations that do not clearly fall into other categories.

VOCATIONAL - Employee-employer relations, union meetings, on-th-job difficulties, job interviews, placement, job orientation, board meetings.

DRIVERS EDUCATION - Interpreting for drivers examination.

CHURCH FUNCTIONS - Weddings and Funerals

SOCIAL SECURITY - Any situation involving the Social Security Administration, in application and intake interviews, benefits, medicare.

EDUCATIONAL - Interpreting for large groups of deaf people, i.e., (Program in Planned Parenthood, Program in Social Security, Legal Workshop of R.I.D., Situations of information giving and receiving at the Deaf Club.

EDUCATIONAL CLASSROOM - Six (6) students enrolled in local colleges, graduate schools, and Technical Schools. Statistic in classroom hours - 3,516 (one to one) over an average of 1½ years.

TABLE VII.

American Sign Language Classes
at
Pittsburgh Hearing and Speech Society

Year	Hearing person with deafness in immediate family	Teachers-Deaf, Public School, Sp.Ed., School for Blind	Students Undergrad Grad.	Professionals Doctors Nurses Counselors Lawyers	Social Service Workers and Employees	Deaf Individuals	Interested Persons	PHSS Staff (required)	Total
1968	6	2	2	1	3	0	2	5	21
1969	8	0	3	2	3	1	0	5	22
1970	11	3	0	4	3	3	5	0	29
1971	11	4	3	5	7	2	5	8	45
1972	25	17	16	16	24	4	30	8	141
Total	61*	26	24	28	40	10	42	26	258

*24 parents of deaf children

2. Consultation

Consulting, in-service training, and supportive services are provided by the Center to agencies rendering direct services to deaf persons.

In addition to the formal in-service training programs and workshops, the Center has provided on-going consultations for the Dixmont State Hospital Project, and Woodville State Hospital. Because many clients in the Personal Adjustment Program (PAT) at the Counseling Center for the Deaf (CCD) have concomitant programs at other agencies, requests are often made by outside agencies to attend their staff meetings on deaf clients to revise that individual's program. This may be accomplished in a residential situation. The policy of the CCD has been one of granting such requests from outside agencies. This tends to expand services and stimulate programs in which deaf people will be involved.

a. Program/Service Development

In Service Training - As services began to expand and become more complex in the community, an up-grading of services was initiated. More agencies began to become aware that the Counseling Center existed. At this time a need to provide in-service training at such agencies seemed imperative for optimal service. The CCD developed a program which would be either purchased by such agencies or given as a public service depending on the nature and duration of the training program.

In a period of one year, six different programs were presented.

Bureau of Vocational Rehabilitation Workshop - The first was a one-day Workshop for State Vocational Rehabilitation Counselors that was co-sponsored by the Western Pennsylvania School for the Deaf (WPSD). Rehabilitation counselors from all over the state converged on the campus of WPSD. The primary goal here was to orient and familarize these counselors with the problems of providing effective, quality service to deaf people.

In-Service Western Psychiatric Institution and Clinic - Two programs were presented at the Western Psychiatric Institute and Clinic, a University of Pittsburgh School of Medicine teaching hospital. One program was an afternoon program for nurses, day care workers, occupational therapists, recreational therapists, and auxiliary staff. A basic orientation to deafness was presented by one staff member.

The second program was presented as a part of the teaching seminars for residents, interns and hospital affiliated psychiatrists. Here a panel of five staff members was sent to present the orientation program. This included the staff psychologist, the assistant director of the CCD, the co-ordinator of the Dixmont Project and the psychiatrist of the Dixmont Project. A deaf girl with psychiatric problems volunteered to be a part of the program and to be interviewed by the attending psychiatrists. This proved to be a very informative program to most of the doctors who had either avoided rendering psychiatric service or had never been exposed to a deaf person in a therapeutic setting. All medical residents and interns will be required to attend this yearly program.

In-Service Transitional Services - Transitional Services is an agency which provides housing and community adjustment service for those people leaving state hospitals.

Thirteen deaf people and twenty people with hearing impairments entered the program at Transitional Living. Of the thirteen deaf in their program, six had been psychologically evaluated by he Counseling Center and shown to have average or above average intelligence and had been the victims of misdiagnosis. Ten of these deaf people have gone through the Personal Adjustment Training Program (PAT) here, and the others are waiting for their opportunity to enter the PAT Program.

Recognizing the need for staff in-service, a program was requested of the Counseling Center. This included the 1/2 day orientation program to Transitional Living staff presented by the Counseling Center.

Sixteen Transitional Services staff members then enrolled in the 10 week follow up sign language class.

b. In-Service Regional Comprehensive Rehabilitation Center for Children and Youth

Home for Crippled Children - This agency, better known as The Home for Crippled Children (HCC), is a residential institution with a very highly qualified and professional staff. Included in its many services are educational, vocational programs with individualized behavior modification programs for young adults between the ages of 15 and 21 with emotional disturbance and adjustment problems.

This agency felt the need to expand services to young deaf adults with supportive and consultation services from the Counseling Center. Prior to this, no young deaf adult had been placed at the Home for Crippled Children.

An in-service training program was presented to all staff members who would deal with the young deaf adults. A 15 week course in sign language was a follow up to the program. This course included staff from all service levels, i.e., the staff psychiatrist, 2 staff pediatricians, teachers, rehabilitation coordinators, day care worker and maintenance workers. A total of 33 staff members participated in both sign language classes and the in-service program. (It is interesting to note here that several teachers at the Home initiated sign language in their classes for hearing children with learning disabilities.) The director of that program stated, "We have been very successful in using sign language as a motivator for those children afraid of the printed word and who have difficulty with reading."

3. Tutoring Service

All tutoring is done at the Center on a one student to one tutor basis. (See Table VIII).

a. Academic - Academic tutoring is provided mainly to those deaf individuals who want help passing their high school equivalency examination (GED) or those who are attending post secondary classes in hearing schools. Tutors were chosen by the Center for tutoring on the basis of their ability to communicate in the sign language and their knowledge of the subject matter.

b. American Sign Language Tutoring individuals in sign language have included:

1. Foreign deaf individuals
2. A Viet Nam veteran deafened by a war injury
3. Several graduates of oral deaf schools who were preparing to enter the National Technical Institute for the Deaf, Gallaudet and our local community colleges and receiving supportive services from the Counseling Center.
4. Former patients from State Hospitals who never had the benefit of former communication skills and have average or above average intelligence.
5. Post lingually deafened individuals

c. Tutoring Individuals who need tutoring in both academic areas and sign language are primarily individuals who have been in state hospitals and who have mental retardation and/or functionally retarded due to the institutionalization or isolation.

The academic program is of a basic nature and revolves around such things as making changes, shopping, paying rent and those basic skills that are relative to basic functioning in a daily living situation. The sign language reinforces and acts as a teaching tool with both reinforcing each other.

4. Referral

Counseling Center referrals fall into two classifications "referrals in" and "referrals out." Referrals to the Center come from a variety of community agencies as well as a considerable number of self referrals. Referrals from community agencies are made on prior knowledge of the Center's program by a particular agency. This knowledge was gained either through the public information program initiated in Phase I or through prior inter-agency cooperation in provisions of services to deaf clients. A considerable number of referrals are made to the Center by the Bureau of Vocational Rehabilitation and Transitional Services (see program division.) These agencies often request psychological services, tutoring services, or personal adjustment training for their deaf clients. Most of the clients seen by the Center are self-referrals seeking personal assistance, interpreting or counseling services.

When a self referral problem is assessed, one of two avenues for provision of services is initiated. The first, and most frequent, is that services requested by the client are rendered immediately either based on prior knowledge of the problem or a telephone call is made to find answers to meet the request. Sometimes on the spot counseling is provided depending upon the nature and scope of the problem. The second avenue is the referring of the client to another agency for assistance. Deaf clients who follow this second avenue are generally those needing indepth services over a period of time. These indepth services are provided either directly by the agency to whom the deaf clients is being referred or in cooperation with the Center.

TABLE VIII

Tutoring Program
Profile of Clients and Program

	Combination Sign Language and Academics	Sign Language Only	Total
Pre Lingually Deaf			
Attended or graduated from oral deaf schools	9	5	14
Immigrants	2		2
Former Patients from State Schools and Hospitals	5	2	7
Post Lingually Deaf		6	6
Multiply Handicapped			
MR-Non State Hospital	4		4
Visually Handicapped		2	2
Emotionally Disturbed	3		3
No Education (formal)	1		1
Tutoring Programs Offered in Other Agencies			
Beaver Rehabilitation Center* Beaver, Pa. (all retarded)		5	5
Pennsylvania Rehabilitation Center Johnstown, Pa.		22	22

*(40 week duration)

GRAND TOTAL 66

An example might explain some of the mechanics involved in the referral procedure. A state hospital contacted the Center requesting psychological services for one of their deaf clients. The Center suggested that they first refer the person to the Bureau of Vocational Rehabilitation (BVR) in order that she become a BVR client and thus eligible for services. After this was done the psychological services were requested and purchased by the BVR from the Center. It was recommended during the psychological that the girl be transferred from the hospital to a half-way house, Transitional Services and joint program of personal adjustment training be initiated. The Center took the responsibility of following through the referral for Transitional Living. A meeting was held with Transitional Living people and the Center to ascertain the feasibility of the girl's entering their program. It was decided that another agency might better meet the girls housing needs so the referral was made to another agency. The last agency then purchased services of the Center to provide Personal Adjustment Training (PAT) for the girl. It is important to keep in mind that through all of this, papers were "shuffled" and not the deaf individual.

Since Phase II, when the Center began providing more direct services to deaf clients, more referrals are being made to the Center from outlying areas. Several referrals have been made to the Center from West Virginia, one from Delaware and several from Erie, Pa. and eastern Pennsylvania. These referrals indicate the need for similar Centers serving the deaf to be located in other parts of the country.

5. Counseling

Another direct service of the Center, counseling is defined for statistical purposes as "accepting and reacting to problems expressed by deaf clients." This term is rather generic in nature. Counseling at the Center may involve psychotherapy sessions provided by the psychologist and supervised by the psychiatrist. It may, however, involve suggesting which of two insurance policies is the better choice.

One of the most prevelant counseling situations is vocational counseling. Vocational matters are most often handled by one of the rehabilitation counselors on staff and may involve on-the-job counseling. Often, it is necessary to go to the deaf person's place of employment and talk with his immediate superior. Most of those situations requiring a counselor to go the place of employment are at the request of the employer. He, (the employer) is having difficulty communicating with the deaf employee regarding specific activities that are less than desirable. Rather than just terminating the deaf person, he seeks assistance from the Center.

A considerable number of deaf persons have remained on the job because of the intervention of the Center. On the other hand, a number of deaf persons have been terminated because no one was available to tell them that their behavior was out of line.

There are generally two kinds of vocational problems which deaf persons bring to the Center to be resolved. One, is that they are dissatisfied and looking for a better job, or second, they come in to complain about working conditions on their present job. In the first situation and exploration of the person's experiences, his vocational interests, and financial expectations is examined. If counseling is provided regarding a change of vocations, exploration of alternatives is made.

Those deaf persons who complain about working conditions are counseled concerning personal adjustment and employer-employee interaction. It is often wise to call the employer to discuss the situation and to obtain a broader picture. With this additional information, more realistic counseling can be initiated. The Center provides vocational placement counseling and placement for its deaf clients through the assistance of the Bureau of Employment Security and the Bureau of Vocational Rehabilitation.

During Phase II, the Center has provided counseling for 33 hearing children of deaf parents from 14 different families. Some of these families were self-referrals and although some were referred to the Center by agencies dealing with family problems. These agencies remained active in the case during the period services are being rendered. Having an emphathetic staff (a deaf person with two grown hearing children and a hearing member with deaf parents) has added considerable insight and rapport to the problems represented by these families.

Marital, financial, legal and personal counseling are other areas which take considerable staff time. Several lawyers are available for consultation in legal matters. Many times only a telephone call is necessary to resolve a legal problem. Marital problems are most often handled by the psychologist. Other areas are handled by the counselors with particular skills.

Counseling tends to be directive. It has been our experience that psychotherapy of a non-directive techniques take a great deal of time and does not meet the immediate needs of most clients. Also, when deaf people come in for counseling, they want immediate action or answers to their problems.

If counseling is not effective, the deaf individual will seek help where he can see some concrete immediate action. A more direct approach has resulted in a more beneficial, long range result. This latter approach is more effective when the individual is in a residential living situation rather than in a referral facility.

Experience of the Center's staff indicates that counseling with a deaf individual takes three to five times longer than with a hearing person. A professionally trained staff in deafness is essential.

6. Evaluations

Evaluation services provided by the Center encompassed three distinct areas. First, through the Center's contracted psychologists, psychological evaluations are administered with instruments appropriate for the deaf and are interpreted within their limitations. Secondly, staff members are often called upon by work evaluation training centers to evaluate language skills and progress of deaf clients. Third, existing community programs are visited and evaluated as to the feasibility of serving selected deaf individuals. In recent months the staff psychologist has tested quite a few deaf persons from State Hospitals to ascertain whether or not they could function successfully in the community when given supportive help. Psychologicals

are often given to deaf clients who are asked to be seen by sheltered workshop facilities in order to determine if the deaf client could function outside the sheltered workshop setting. The Center's staff also assists the Dixmont State Hospital staff in evaluating deaf patients regarding the feasibility of their admittance into the unit for psychotic deaf persons. A composite of the clients seen at the Center for psychological services may give better insight into the community needs in this area.

A wide variety of clients have been seen at the Counseling Center for psychological evaluation and/or counseling. Referrals have been made mainly by the following: the Bureau of Vocational Rehabilitation for clients who were:

1. recently discharged from state institutions (Polk, Woodville) and placed in transitional living facilities.

2. clients who are still residing in state institutions but expect to be released to the community (Ebensburg)

3. Clients who are presently residing at the Home for Crippled Children and receiving adjustment training.

4. hard of hearing and deaf students who are enrolled in a community college.

5. clients who have been residing in the community but until then were not receiving any education or training.

Clients have also been referred by the Erie, Pa. Bureau of Vocational Rehabilitation and have been seen and tested in that city.

Those seen at the Counseling Center for a psychological examination include clients of both men and women with preponderance being male clients. Their age ranges from adolescence and older although adults are most numerous. The adolescents tend to show normal scores while the adults have exhibited additional disabilities such as brain damage, athetosis, spasticity, visual problems, etc. Educational levels have ranged from no formal education to high school graduates. Most came from institutions for the retarded where they had sat for years without having received any instruction because of communication difficulties.

Evaluation does not necessarily have to be couched in formal tests. Many deaf clients being evaluated are simply interviewed to see if they have communicative skills, e.g. any sign language, reading, writing or gesturing. Case historys and family interviews are also instrumental in determining the individuals capabilities. All of the available information is reviewed by the staff with recommendations made for some type of program following the interview.

The Bureau of Vocational Rehabilitation requests were mainly for testing with an occasional request for personality evaluation. Testing in this area included intelligence, interest, achievement, and personality. The following tests were used in the battery administered to the clients:

Wechsler Adult Intelligence Scale (WAIS-Performance)
Raven Progressive Matrices
Wide Range Achievement Test (WRAT)
Minnesota Paper Form Board Test
Brainard Occupational Inventory Preference
Stromberg Dexterity Test
Crawford Small Parts Dexterity Test
Gat and MacGinitie Reading Test
Ber Gestalt Test and Projective Drawings.

Because of the clients' educational background not all of these tests could be administered to any one individual, especially when that test required a minimum of reading ability (such as the Brainard Occupational Preference Inventory). Other tests, such as the Dexterity tests could not be used with clients who were laboring under physical disabilities such as athetosis, and spasticity. The Wide Range Achievement Test was only administered in its Arithmetic Part. In spite of these limitations, it was possible to obtain results which gave some indication of the client's present assets and liabilities.

When a personality evaluation was required, then other tests were added to the list of available instruments. These tests were the Rorschach Inkblot Test, the Thematic Apperception Test (TAT) and the Hand Test. All three tests are within the socalled Projective Techniques Category and were only administered when the client had some verbal communication or could express his thoughts in a written form. Other personality tests or inventories were of little use with clients because their reading ability was well below the minimum required to take these tests. Among such tests one can mention the Minnesota Multiphasic Personality Inventory (MMPI), a well known test, but standardized and used with hearing populations. Projective Techniques were used with the adolescent group which was residing at the Home for Crippled Children.

Composite Picture

It is very difficult to generalize test results from a few examples to a larger group. However, an attempt will be made to present a composite psychological picture of the "typical" client seen by the Center's psychologist. Intellectually, the typical client fell within the mildly retarded and low average levels of intelligence, with I.Q.'s ranging from 60 to 95. The profile obtained with the performance scale of the Wechsler Test indicated that the typical client exhibited between dull normal and low average ability to distinguish essentials from nonessentials and to assemble parts when a model was provided. His ability to gain insight into interpersonal and social situations was from extremely poor to poor, but never enough to allow him to inte act successfully with normal hearing people. His ability to assemble parts into a coherent and meaningful whole when no model or picture was offered to him was usually below the scores he obtained when using a model or picture as a guideline. Finally, his rote learning ability was usually around the dull normal level of intelligence. Results among the adolescents who were residing at the Home for Crippled Children were usually higher at all levels than those of our "typical" client. For that reason, projective techniques were usually successfully administered to these adolescents.

The achievement of the "typical" client was usually around the second grade level and rarely exceeded the third grade level in any of the fundamental areas of education, namely, reading, spelling and arithmetic. His ability to deal with abstract concepts and to deduce rules and abstract principles as measured by the Raven Progressive Matrices was extremely limited and usually was at the same level of the results obtained with the WAIS. Mechanical ability, as aspect of which is the ability to manipulate objects in space and see their spatial relationships, was usually at the same level of their general intelligence as measured by the WAIS. The Brainard Occupational preference Inventory was usually not administered to this client because it exceeded his reading ability. When he decided to take it, it was clearly seen that he really did not understand the meaning of the questions.

Manual and finger dexterity were usually below average, more to the dull normal side than to the low average level. This client could not simply work fast enough due to his multiple physical disabilities. The Bender Gestalt Test, at times accompanied by the administration of the Bentone Visual Retention Test, usually indicated or pointed to the possibility of extensive organic brain damage (organicity) as the main underlying cause of this client's retardation. Used in conjunction with the Projective Drawings the Bender pointed to personality characteristics which indicated that this client was immature, had regressive traits and a very poor selfimage which precluded him from feelings of self-competency and self-sufficiency. His contact with the environment was not only limited by his deafness or hearing loss, but also by his multiple sensory disabilities. Consequently, unless he has continuous supervision and encouragement this client is bound to have great difficulties in adjusting to the normal hearing world. Counseling, in the usual sense of the word, that is verbal explanations and support would not be effective with this client. Something more concrete, such as manipulation of the environment and the use of positive and negative reinforcers (behavior modification) should be used to effect changes in his behavior. It also appeared through these tests that our client had great difficulty in controlling his impulses and that most of his actions were motivated by these uncontrolled impulses. He showed a tremendous lack of sophistication when dealing and interacting with other people and usually showed little ability to control and postpone the gratification of his wishes and urges. This would certainly lead to frustration and to impulsive behavior.

The adolescent group presented a similar personality picture with the added characteristic that he was able to manipulate the environment, both physical and interpersonal, and resisted forcefully the attempts of people to enforce norms and regulations. He appeared more provocative, agressive, and usually had a background of physical, educational, and emotional deprivation. His sense of respect for property other than his were almost nonexistent and he did not seem to have the ability to learn from experience. One must add to this the fact that this adolescent client was going through the physical and physiological changes which are proper to this developmental stage and had little or no understanding of those changes which had an effect on his behavior. Counseling and behavior modification did not seem to effect changes in this type of client. Only the presence of a counselor, whom they also tried to manipulate, was able to contain latent impulses. One can safely talk of this client as having a personality where internal controls have not been developed, and they are not strong enough to contain his drives and impulses. Understanding of interpersonal relationships although higher than that of the "typical" client was not high enough to bring insight into the intricacies of human interactions.

Results of these testing sessions were written in reports and relayed to the referring agencies. Programs were established in order to help the client adjust to the new situations he encountered. The staff of the Counseling Center for the Deaf served as consulting professionals in them. Some of the clients were referred to Personal Adjustment Training as a result of their performance in the testing sessions where a teacher of the deaf helped them to improve their minimal communication skills and develop new ones. Others were referred to the Counseling Center for individual counseling, and finally others were placed in on-the-job training situations (these last constituted a minority).

7. Personal Assistance

Personal Assistance includes a wide range of services provided to deaf persons which might best be described as assistance with activities of daily living. Assistance is given in the filling out of forms, making telephone calls, relocating, budgeting money, opening savings and/or checking accounts, obtaining insurance, making insurance claims, using public transportation, obtaining drivers licenses, home purchase, school placement, income tax filing, borrowing money, ad infinitum.

Experience with this particular service has illustrated several of its unique features:

a. No specific percentage of staff time can be allocated for Personal Assistance due to its generic nature, and the uniqness of each case makes time involvement an unknown variable.

b. Personal Assistance does not have to be done by a professional person but is easily done by someone who is knowledgeable, can communicate in American Sign Language, and shows a lot of common sense.

c. Deaf persons most often seeking Personal Adjustment are those in the lower income brackets which in turn may be a reflection of their overall achievement.

d. The few deaf persons who seek Personal Adjustment in the middle income brackets do not have children or relatives at home to assist them in these matters.

B. Personal Adjustment Training

Perhaps no other disability group is as severely handicapped in the area of personal adjustment training as the deaf. Many common courtesies and social standards as well as work standards that the hearing worker takes for granted are completely foreign to many of our deaf clients.

In an attempt to alleviate this problem, the Counseling Center has established an intensive personal adjustment training program. The Program is usually provided as a service to the Bureau of Vocational Rehabilitation. It is comprehensive in nature, and covers a wide range of services including academic tutoring as preparation of advanced educational and vocational training, dactylological therapy, development of appropriate social skills, exploration of basic attitudes toward the world of work, observation and interaction with deaf employees, specific counseling directed toward obtaining a job, guidance in securing appropriate housing and living arrangements, personal budgeting assistance, and frequent and periodic follow-up to assure effective and satisfactory job placement.

These services are taught through the use of American Sign Language; if necessary, this language is taught to the client. The Personal Adjustment Training Program is flexible enough to meet the specific needs of each individual client. One client may require only services in one or two of the areas mentioned, another may require services in several areas. The best way to illustrate the effectiveness, comprehensiveness, and individualization of the Center's Personal Adjustment Training Program is through the following examples. (See Appendix B for program outline).

1. <u>A case study in Illiteracy</u> VQ, a white, single, female age 16, congentially deaf had never had any formal education. Her family, which consisted of a mother, father, brother, and maternal grandparents, all of whom lived together, had responded to her deafness with embarrassment, and had chosen to keep VQ at home and away from all public contact.

After the death of her grandparents and mother, VQ's father decided to seek some help for his daughter. Because of her age (16) and her complete lack of academic skills, there was no program available to meet her needs. At that time, VQ began Personal Adjustment Training at the Counseling Center for the Deaf. Her program consisted of American Sign Language and tutoring in reading, math and writing.

Prior to entry into Personal Adjustment Training, VQ's communication was limited both receptively and expressively to "nodding" and "random gesturing." As time passed, VQ began to demonstrate competency with days of the week, colors, simple two word phrases, concepts of time, and simple ideas. Through mobility training, she was encouraged to move independently through the community via public transportation.

As VQ progressed in manual communication, it was possible to begin counseling towards developing appropriate personal, social, and work attitudes.

VQ was accompanied to the business section of Pittsburgh, where she was able to participate in shopping excursions and observe people in a working situation, both hearing and deaf. VQ was also acquainted with the various social and religious activities in the deaf community. For VQ, who prior to PAT had seldom left the shelter of her home, this was her first exposure to the outside world of social interaction.

Within the structure of the total rehabilitation plan, VQ also underwent an otological and audiological evaluation. After which, she was fitted with a hearing aid and received training designed to give her maximum useage from her aid.

About midway through PAT, VQ began working as a kitchen aide in a work adjustment situation at the Western Pennsylvania School for the Deaf in conjunction with supervision from the Counseling Center. Initially, VQ's duties were limited to simple tasks, but as her performance and adjustment improved, she was assigned more complex and independent tasks. At present, VQ has been employed as a regular full time kitchen aide, and her earnings are sufficent to make her self supporting. The Counseling Center has continued to provide supportive services. Counseling was initiated towards consumer spending with emphasis on personal budgeting. Interpreting for interactions between VQ and her supervisors was provided.

Several of VQ's co-workers are deaf, and through interaction with them she has gained confidence in herself and in her ability to be part of society.

2. A Case Study in Isolation SK was admitted to Polk State School and Hospital in 1945 - age 15 with a diagnosis of mental retardation--not possible to profit from regular schooling. She remained there for 26 years, until 1971, at which time she was moved to a group home living situation at Transitional Services, and began PAT at the Center. Her initial program included counseling, American Sign Language and tutoring in basic academic skills. SK, after 26 years of institutionalization had many reasonable fears and a general lack of social adjustment. By exposing SK to situations where she could progress at her own speed, SK was able to overcome her fear of traveling by bus, meeting and interacting with new people, and in general, gained the necessary skills to overcome her pre-vocational difficulties. At the same time, her communication and academic skills were improving.

SK eventually was placed as a nurses aide/companion for an elderly deaf woman. She performed well in this position and displayed confidence in her new found role. Since her employment, SK was terminated from Transitional Services. She is now living in the community independently and has the skills necessary to function on her own. She continues working as a nurses aide and enjoys the responsibility of caring for another person.

At this time, "on-the-job" counseling and interpreting are done with SK to clarify any questions or problems she might be having. Through continuing follow-up services, SK's chances for successful job adjustments are greatly enhanced.

3. A Case Study in Emotional Reaction to Adolecence BC, age 15, was a resident at the Home for Crippled Children (HCC) when he began a program of academic tutoring and counseling in Personal Adjustment Training (PAT). At that time, BC's vocational goals centered around being a baker or baker's assistant, and for this reason, the Counseling Center choose to focus quite heavily on upgrading his deficient math skills. Counseling was directed toward personal adjustment as BC's behavior had presented a picture of emotional outbursts, pouting and withdrawl, and manipulation of individuals and stealing. Frequently, it was felt that most of BC's inappropriate behavior was simply an attention getting device.

For example, BC frequently stole clothing and other articles from firends in the dormitory and work setting. A few days later, he would wear them when it would obviously be possible for the person whom he had stolen them from to see him. Then staff would react accordingly, and BC had again manipulated himself into a spotlight of attention.

Counseling was also directed towards helping BC stabilize his sexual identity.

After initial counseling at the Center was begun, BC entered a Diagnostic and Evaluation program at the Vocational Rehabilitation Center (VRC). There BC's work habits, work tolerance, aptitudes and abilities were evaluated. He was placed in the kitchen where he had the opportunity to test out his interests, while in a sheltered environment.

During this time, the Counseling Center worked on a 3 way basis with the HCC, VRC, and the Counseling Center (CCD) to set up and define limits and goals of appropriate behavior for BC in the tutoring, home and work settings. Frequently, BC tried to avoid his responsibilities by arriving late for his counseling or work, but once he learned that regardless of the time he arrived, he was still required to spend the allotted time in a particular activity, his tardiness and forgetfulness diminshed.

During this entire time, BC continued receiving tutoring to upgrade his academic skills to enable him to cope better with his vocational training, and personal adjustment counseling to facilitate his overall adjustment.

When an opening occured in an on-the-job training program, BC applied for the position and was provided with interpreting services. He was accepted and began training. However, on his first work day, he stole a wallet and a pair of boots from his co-workers. After considerable counseling, BC returned the article and was given an opportunity to continue in the training program.

Since then, BC has shown notable progress on the job. He has been cooperative and accepts and follows instructions well. On two occasions when the head baker was absent, BC stepped in and accepted the entire responsibility for the day's baking.

While BC still displays some immature behavior outside the job, he has learned it will not be tolerated on the job and he exhibits a more mature attitude at work. In view of his age and lack of social experiences, his immature behavior, cannot be reviewed too negatively. At present BC is still recieving supportive services and continues to do well in his training program. Comparing BC as he was ten months ago with BC as he is today, his progress vocationally, academically, and personally, has been most notable.

C. OTHER AGENCY PROGRAMS

1. Providing American Sign Language* to Clients in Vocational Rehabilitation Centers

There are very few evaluation and rehabilitation centers in the country capable of comprehensive evaluation and training for the deaf person. For the most part, the deaf client is faced with attending a vocational rehabilitation center that is not geared to serve or meet the needs of the deaf. Past experience has shown that the most serious problem in the vocational rehabilitation setting is that there are no counselors, teachers, or staff members who can communicate with the deaf client. This frequently leads to the counselor's assuming the responsibility for decisions, thus fostering the deaf individual's dependence on others and defeating the entire goal of the rehabilitation process.

While part of the problem rests in the fact that most rehabilitation centers do not have staff who can use manual communication effectively with the deaf, there is another problem. It must also be recognized that the majority of congentially and pre-lingually deaf individuals mature with a significant retardation in language development and reading achievement.

In an attempt to overcome this problem, the Counseling Center has undertaken the task of providing a program in American Sign Language (ASL) which is designed to increase the language skills, vocabulary, and communication skills at two Vocational Rehabilitation Centers. American Sign Language has been provided for 16 months on an on-going basis of approximately 2 hrs. per week/client to 4 clients at the Beaver Rehabilitation Center, Beaver Falls, Pa. The tutor designs her lesson materials to fit the needs of the individual students. For example, vocabulary and sentences will be built upon the vocabulary the students need for his training or work experience in the work shop.

At the Pennsylvania Rehabilitation Center, Johnstown, Pa., ASL tutoring has been provided for a period of 20 months. In that time, the Center has served 21 clients on a 2 hr. per week basis. Some clients have needed as many as 70 hours while other communicate effectively after only 10 or 15 hrs. The mean number of hours per student is 40. The duration of the tutoring hours is dependent on the student's initial level of functioning at the start of ASL sessions, his rate of improvement, and his individual language needs. For example, a student enrolled in a business preparation course has a greater immediate need for language skills than the student enrolled in auto body training. Again, the tutor prepares her lessons to fit the individual needs for the student. Frequently, the tutor has found herself in a position of being instructor in the subject matter with which the student is having difficulty.

In providing these students with communication skills in a vocational nature, the American Sign Language sessions have also helped these deaf individuals develop enough skill to enable them to socially interact with each other.

*Often referred to as dactylological therapy

2. Internship Program

In an effort to provide an increased number of professionally competent specialists in the area of deafness, the Counseling Center has cooperated with local colleges and universities by providing an internship Training Program. To date, thirteen students have had field placement at the Center. Of the thirteen, six were post-Masters students and seven were working on their Masters degree. Of the thirteen, eleven were in Vocational Rehabilitation and two were in Counselor Education. Cooperating schools were, University of Pittsburgh, Penn State and Slippery Rock State College.

Since completing their internship at the Counseling Center and subsequently their graduate work, eleven have remained in the area of deafness and are currently working as specialists for the deaf on both the local and national level.

In defining the goals of the internship program at the Center, three points are most evident:

a. to provide for the intern, a general orientation to deafness that will lead to an understanding of the nature and problems of deafness.
b. to provide the opportunity for an intern to improve and develop manual communication skills that will enable them to communicate freely and effectively with deaf clients.
c. to provide experiences that will encourage the acquisition of expertise in counseling skills necessary for use with deaf clients.

In order to provide the best possible exposure, interns at the Counseling Center are given a wide range of experiences. Interns work under staff supervision in:

a. assessing the needs of the client
b. formulating an appropriate and feasible program, rehabilitation plan or solution to the problem.
c. becomes responsible to carry out the program or plan.
d. assumes responsibility for follow-up.

In these activities the student participates in intake, evaluation, case work, staff meetings, referrals and coordination of activities pertaining to specific clients.

Interns have opportunities to explore presently operating programs in other agencies for the deaf and observe deaf clients as they participate in such programs. If interested, interns are encouraged to take part in the Adult Basic Education Program. Other experiences come through compulsory interaction with deaf people in their clubs, social organizations, on the job, and in their homes. Perhaps the most valuable experience an intern receives is that obtained in the direct counseling services the Center renders. Because the counseling services rendered cover such a broad spectrum, the intern is afforded numerous opportunities to gain insight into and an understanding of the problems deaf persons face. From this supervised experience comes the skill and counseling technique that enables a specialist to provide meaningful and effective counseling to the deaf.

TABLE IX

Breakdown of Services Provided During Phase II

1970	Services Rendered to Clients* P.A.	I.	C.	R.	T.	Cs.	E.	Client Contacts	Actual Clients
July	66	16	43	6	-	12	5	106	58
Aug.	42	12	53	8	-	7	-	108	45
Sept.	61	19	50	6	18	14	4	143	56
Oct.	70	14	40	7	17	21	1	132	54
Nov.	37	14	38	5	17	16	2	117	39
Dec.	42	20	36	2	11	17	-	114	68
1971									
Jan.	63	11	31	5	15	11	-	148	61
Feb.	66	14	52	10	14	3	12	151	63
Mar.	69	17	35	7	24	3	10	146	55
Apr.	86	15	42	2	5	10	1	193	101
May	58	16	51	6	37	11	-	174	86
June	54	15	40	3	37	10	3	170	79
July	56	22	76	8	32	7	2	171	70
Aug.	62	19	107	4	52	17	3	224	79
Sept.	41	39	123	3	20	28	4	226	80
Oct.	39	13	94	7	26	20	7	168	74
Nov.	40	13	65	1	36	25	1	144	55
Dec.	53	11	73	2	48	22	4	166	72
1972									
Jan.	47	15	89	1	49	29	4	179	74
Feb.	33	8	56	9	74	23	22	177	68
Mar.	47	10	42	6	108	18	5	208	82
Apr.	45	7	59	4	71	16	-	179	76
May	34	19	59	3	65	34	9	173	69
June	42	14	62	2	82	27	4	184	73
July	55	10	55	4	64	49	8	179	68
Aug.	60	11	59	4	72	52	5	197	80

PA. - Personal Assistance
I. - Interpreting
C. - Counseling
R. - Referrals
T. - Tutoring
Cs. - Consultation
E. - Evaluation

*More than one service may be provided for a client during one contact.

TABLE X

American Sign Language Classes

1. Dixmont State Hospital (Phase I - 9 mo. duration)
   - Doctors..... 1
   - Professional..... 25
   - Para Professional..... 10
   - Volunteers..... 4
   - Chaplin..... 1

   Total... 41

2. Eye and Ear Hospital (Phase I - 8 mo. duration)
   - Audiologists..... 4
   - Parents of deaf children... 2
   - Secretary 1

   Total...

3. University of Pittsburgh (Phase I and II - 4 mo. duration)
   - Teacher Trainees..... 65
   - Post Masters Students..... 11

   Total... 76

4. Carlow College (pase II - 5½ mo. duration)
   - Undergraduates
     - Hearing & Speech..... 28

   Total... 28

5. Home for Crippled Children (Phase II)
   - (See In-Service)..... 33

6. Transitional Services (Phase II)
   - (See In-Service)..... 16

7. Pittsburgh Hearing & Speech Society (Phase I and II)
   - (See Table XI).....258

GRAND TOTAL...468

Like many other agencies serving a specific disabled group, the Center is seeing and serving an increasing number of multiply involved individuals.

The following figures reflect breakdown in the number and kind of multiply handicapped individuals seen at the Counseling Center for the Deaf since 1966.

TABLE XI.

Multiply Handicapped Individuals Seen at the Counseling Center for the Deaf (1966-1972)

			Total
I.	Visual		
	Retinitis Pigmentosa	5	
	Deaf - Blind	4	
	Severe Visual Impairment	4	13
II.	Psychiatric		32
III.	Mentally Retarded		23
	(8 clients through Personal Adjustment Training Program)		
IV.	Emotionally Disturbed		
	Teenagers	11	
	Visually Impaired Young Adults	2	
	Drugs	3	20
V.	Functionally Retarded		11
VI.	Motor Involvement		
	C.P.	3	
	Stroke	2	
	Orthopedic	3	8
			107

I. Visual - Only those visually handicapped are listed here who have visual problems so severe that no remediation is possible.

II. Psychiatric - These cases invlude only those who have severe psychiatric problems and includes psychotic behavior, severe alcholism, adjudiated criminals, sucidial attempts.

III. Retarded - Those listed have had Psychological testing and diagnosed as M.R.

IV. Emotionally Disturbed - These have adjustment and behavior problems which interfere with their peer relations, work, and daily living. (Over half are teenagers and are diagnosed as emotional reaction to adolescence.)

V. Functionally Retarded - These clients for reasons of long term institutionalization, or the failure of their previous school program function on a retarded level but psychologically test well within the average or above average range. (All are 18 or older).

IV. INVOLVEMENT OF CCD WITH ORGANIZATIONS FOR THE DEAF

A. Center's Advisory Board:

In Phase I of the Center's programs, an advisory board consisting of deaf and hearing individuals in the community was established. The major objective of this group was to provide expert advice and direction to the Center's programs. After the first year of operation of the Center, the advisory board was discontinued.

After the first six months of Phase II, it was apparent that the expansion and diversification of the Center's programs needed direction and feedback from the deaf consumers. An advisory board consisting of 12 deaf persons from the community was established. An orientation of the Center's present programs and capabilities were presented at the first meeting as was a list of future objectives. Although the advisory board meets only two or three times a year, all of the members are kept informed as to the Center's operations via a monthly progress report which is also submitted to the Center's Board of Directors. The greatest asset derived from the advisory board is its link with the deaf community. Members of the board keeps the Center's staff informed as to what is going on as well as informing deaf persons of the Center's activities.

B. Pittsburgh Chapter of the Registry of Interpreters for the Deaf

The Pittsburgh Chapter of the Registry of Interpreters for the Deaf (PCRID) was established in the spring of 1970 to meet a growing need for interpreters in the Pittsburgh area. The Center's staff, along with officers of the Pittsburgh Association of the Deaf and the Pennsylvania Society for the Advancement of the Deaf (PSAD) got together and laid the groundwork for the local chapter's establishment. The Center's Director served as the organization's first president. After two years the local chapter boasts of a total membership of 98 persons, approximately one half are deaf. This organization has served as an excellent vehicle for bringing deaf and hearing persons together who have the common goal of improving the welfare of deaf persons. The activities of the organization during its first two years include a one-day workshop on legal interpreting, highlighted by a mock trial and a ten week class on interpreting for deaf persons. Participants in the class were screened by a panel of deaf adults to insure that their capabilities in interpreting meet certain admission requirements for the class.

C. Pennsylvania Society for the Advancement of the Deaf (PSAD)

The Center's staff has established an excellent relationship with the PSAD through the years. The previous director of the Center remains on the advisory board to this organization. The past president of the PSAD, who lives in Pittsburgh, was and is still consulted with on matters pertaining to the Center's programs affecting the welfare of the deaf. He also serves as our link with the Society's board of directors. The Center's staff attends the Society's yearly conventions to keep in tune with what is happening on a statewide basis with deaf persons.

D. Pennsylvania Council of Organizations Serving the Deaf (PACOSD)

The Center's director is on the planning committee of this newly formed organization in the state. The major goal of the PACOSD is to "consolidate, coordinate and improve facilities and services for the hearing impaired and to act as a political agent on a state level to foster activities and programs beneficial to the deaf and hard of hearing." Since the major purposes of the Counseling Center was to utilize the services of existing community agencies, promote the welfare of deaf persons, and establish services where none existed previously, its involvement with PACOSD is viewed as important part in achieving these purposes on a statewide basis.

E. Pittsburgh Association of the Deaf (PAD)

This local club for the deaf boasts of a membership of nearly 700 members. The Center's staff attends the club on a regular basis for both social and professional purposes. It cannot be over emphasized that services to deaf persons do not and cannot occur in a vacuum. Individuals providing services have to get to know their clients on every level which they function - socially, psychologically and vocationally. Only then can they effectively and efficiently assess situations where and when services are needed. The Center's staff endeavors to meet this criteria by actively associating with deaf persons in a variety of settings. The PAD's monthly newsletter to its membership also serves as a vehicle for dissemination of information which the Center's staff deems important. Articles submitted by the Center for publication in the newsletter have dealt with Social Security regulations, obtaining food, stamps, medical assistance procedures, consumer protection laws, etc.

V. FUNDING

Prior to the Pittsburgh Hearing and Speech Society (PHSS) being awarded Grant #RD-2264-S, necessary groundwork was laid for local funding of the project upon termination of federal support. The Community Chest of Allegheny County gave verbal support to the project and indicated that the Chest would be supportive after the termination of federal funds. The PHSS indicated that the project would be absorbed into their budget as much as feasible upon termination of federal monies. While the project was receiving federal monies, the Western Pennsylvania School for the Deaf (WPSD) and the PHSS were participating agencies, both contributing personnel time and monies to the project.

A. Mental Health/Mental Retardation Funds

As indicated previously in Phase I of the project it was clearly demonstrated that some community agencies were unable to provide quality services to deaf clients because of their diversification in the community. The Mental Health/Mental Retardation Program (MH/MR) of Allegheny County has 13 Base Service Units (BSU) with specific catchment areas for each BSU. To train key personnel at each facility to provide service to deaf persons in their catchment areas would not be economical or realistic. Some BSUs might see 15 to 20 deaf persons a year while others may see only one or two. Psychiatrists, doctors and other professional personnel often cannot afford to spend time mastering American Sign language which is essential for effective therapy with deaf persons. Sign language, like a foreign language, must be used consistently in order for the signer to remain fluent in its use. The small number of deaf clients going to BSUs would not be conducive to this aspect of American Sign Language. The use of interpreters is expensive and most important, not the most effective method of providing therapy for deaf persons. A relationship builds up between the interpreter and the patient rather than the therapists and patient. There is also the problem of confidentiality as most interpreters have deaf parents.

It is for these reasons that the Center made application to the Commonwealth of Pennsylvania to become a Psychiatric Out-Patient Clinic for the Deaf. Thus, being able to provide quality therapy by a staff of trained personnel with command of American Sign Language and a working knowledge of the problems of deafness. A meeting was set up with the MH/MR of Allegheny County Administration to explain that services were not being provided for this minority group and that MH/MR services were needed and could be provided more effectively and economically by a Specialty Services Program such as the Counseling Center for the Deaf. The Center was asked to write a proposal and submit it to the MH/MR Program.

Proposals were submitted in 1969-70, 1970-71 and 1971-72. The first two years the MH/MR administrators refused funding on the basis their allocation from the State was cut. They also cited the fact that their funding was "last monies" and while we were on federal funds they could not pick up our program. While on the other hand, promises were made to the Center for funding but never came into fruition. Deaf persons continued to do without MH/MR services which other taxpayers were receiving.

In 1972, a deaf member of the Center's Advisory Board gave a presentation pertaining to the lack of MH/MR services for the deaf at a public hearing. The Center also sought and received the services of a lawyer who notified the MH/MR Administration that a class action suit would be filed if services to deaf persons were not provided.

It must be added here that MH/MR services for the Center have been purchased by MH/MR programs from two neighboring counties.

After the presentation of a deaf man at the public hearing, MH/MR has allocated a portion of their funds which is earmarked specifically for the Counseling Center to serve deaf individuals with problems of mental health or retardation. Such services will now be rendered directly by staff members at the Center.

B. Legal Interpreting Funding

During the first three years of the federal grant period, little or no effort was exerted for compensation of interpreting time spent in the legal cases. Only in the past year has this funding been sought directly with the courts. The year prior to this, negotiations were held with one of the county commissioners without success. The commissioners did allow us to submit a bill making interpreters for the deaf mandatory in all legal proceedings. This bill was submitted in conjunction with the Pittsburgh Chapter of the Registry of Interpreters for the Deaf. Unfortunately, there was no one to sponsor the bill and it was never followed up in the legislature.

During the past year of 1972 and part of 1971, interpreters have been receiving expert witness fees of $25/day in Criminal and Civil court cases involving deaf persons. Only within the past few months have interpreters been reimbursed for interpreting in the lower judiciary courts at $7.50/hr. portal to portal. The latter came about only when an interpreter from the Center refused to interpret for the defendent, a deaf man, in an assault and battery case. The magistrate had to postpone the case until a ruling was made. A month later he called the Center to inform us that reimbursement was available. The Center has since been billing the County for interpreting services at all levels of the courts since that precedent had been set.

Organizations which request interpreting services for deaf clients whom they provide service are charged by the hour portal to portal. Such requests have come from union organizations, social service agencies, companies employing deaf persons, lawyers representing deaf clients and similar situations.

C. Medical Funding

Little progress has been made in developing a reimbursement system for interpreting in medical situations; hospitals and physicians generally feel that such a service should be paid for directly by the deaf individual. An effort is being made to bring medical interpreting to deaf people on public assistance through the Department of Public Assistance Grant Proposal (See Appendix C). The Bureau of Vocational Rehabilitation has provided interpreting services when the client is an active case. However, a request for such service has to be approved well ahead of time to insure authorization.

D. Vocational Funding

Reimbursement for interpreting in vocational situations is provided by the Vocational Rehabilitation when a prior request is made and authorization is given and only when the case is active. The real difficulty here arises when an immediate need for on-the-job interpreting is requested. For example, a person who is having a difficulty with his job, his employer, or his fellow employees may need intervention quickly to insure his job, the Counseling Center does not always have time to go through bureaucratic red tape and contact his Vocational Rehabilitation counselor and then wait for authorization to render the service.

E. Educational Funding

Almost all interpreters for those deaf in an educational setting are sponsored by the Bureau of Vocational Rehabilitation if the client has an active case and the interpreting was requested prior to the service delivery.

F. American Sign Language Classes

American Sign Language classes were offered by the Center to agencies and general public since 1967 without cost. Beginning in the spring of 1972, a $10 enrollment fee was initiated with approximately 75 persons enrolling. In the fall of 1972, approximately 60 persons enrolled in the two classes paying the $10 enrollment fee. (See Table 2.)

G. Bureau of Vocational Rehabilitation Funding

The Center in November 1970, became an approved rehabilitation facility with the Bureau of Vocational Rehabilitation (BVR), through a contractual arrangement for purchase of services. The major focus of this contract is the Center's Personal Adjustment Training Program (PAT) as described elsewhere in this report. Prior to the contract, the BVR purchased services from the Center listed on their schedule of services and payment was according to their fee schedule for such services. These services are still purchased by the BVR, but the contractual arrangement allows for much greater flexibility in client services by the Center.

Since the BVR contract was the first contract which provided reimbursement to the Center, more emphasis was placed on vocational oriented services. A part-time staff person became full time in September 1971, to devote all of her time to people on PAT. An additional full time staff member was also hired in September 1971 after serving as an intern for four months. Her major responsibility was to serve as a liaison between the Center and other rehabilitation facilities.

While on federal monies the first four years, the Center paid its part time people the same rates quoted on the BVR and MH/MR fee schedules. Looking ahead to the time when federal monies would be terminated, and the operating costs of the Center would have to be met, two major changes took place. The Center informed its part-time personnel that their hourly rates would be reduced. Interpreters getting $7.50/hr from portal to portal were reduced to $4.50/hr. portal to portal. Tutoring fees were reduced from $5/hr. to $3.50/hr. Part time people who helped us with the PAT program got their

hourly rate reduced from $5/hr. to $3/hr. An explanation as to the necessity of such action was accepted by our part time people. The second major change was that now the full time staff began assuming more of the services that were normally given to part time people. Interestingly, this brought about a change in our clientele's routine. One of the major objectives of the Center is immediate provision of service. Whenever a person walked through the door everything possible was done at that time to resolve the problem before the person left. Once the staff began assuming more of the services outside the agency, deaf clients began making appointments to insure their seeing someone instead of a hit or miss chance.

H. Client Fees

Clients are charged for services based on a sliding fee schedule. Client fees represent the lowest percentage of income factor for the Center. A description of the types of clients seen by the Center makes this more apparent. The sliding fee schedule, modeled after the MH/MR schedule, permits considerable flexibility in charging fees to clients.

I. Third Party Contracts

At the present time the Center has one third party contract which has been renewed for the second year. This contract with the Commonwealth to provide consultation services to Dixmont State Hospital's program for psychotic deaf persons.

Additional third party contracts with other agencies providing services to deaf persons have also been sources of income, but on a smaller scale. The Center's in-service training program as described under Program/Service Development has generated some income for the Center. Either a full day or half day orientation to deafness followed by 10 weeks of American Sign Language classes and then consultation on a limited basis is provided for approximately $500.

J. Membership Drive

Every year the Pittsburgh Hearing and Speech Society and the Counseling Center for the Deaf have a membership drive. The response from the deaf community has been encouraging for the past two years. As a part of their membership each person receives Aural Windows, an agency publication, and Speech and Hearing News. Several organizations of the deaf join yearly as sustaining members contributing $100 or more.

K. Department of Public Assistance Funding

In 1972 the Counseling Center for the Deaf submitted a proposal to the local Department of Public Assistance (DPA) under a Title IV contract with DPW for funding to provide services to deaf persons on public assistance. (See Appendix C). A preliminary meeting was held to acquaint local DPA administrators with the problems of deafness and the services which the Center had been providing under the federal grant. Information and guidelines were given to the Center for the preparation of the proposal. It was submitted for review by the regions program review committee and then sent back with comments. It was resubmitted with the necessary changes in August 1972.

Information received from the region indicates that a freeze has been placed on all new contracts due to the President's revenue sharing plan. Upon hearing this, the Center asked several of the deaf leaders in the community to write to key people in the Pennsylvania legislature. Their letters were followed up with copies of both the MH/MR and DPA proposals. Several legislators have indicated an interest in the programs.

L. Medical Assistance Funding

Because the Center is a licensed psychiatric out-patient clinic it is eligible for reimbursement for services rendered to persons on medical assistance. This source of funding represents a very small percentage of the Center's income factor due to the limited number of services provided by the Center falling under the medical services category.

M. United Fund Support

The Community Chest of Allegheny County began providing funds to the Center in August 1971, after federal support was reduced to approximately one half of the previous year's operating budget. The Community Chest continued to provide support to the Center through the Pittsburgh Hearing and Speech Society.

N. Breakdown of Funding Support

For the first 11 months of 1972 the Center's income factor from the various funding sources (excluding United Fund support) was 49% of its total operating budget.

Source of Funds	%
Bureau of Voc. Rehab.	66
Third Party Contracts	26
Client Fees	5
MH/MR	4

From January 1973 through July 1973, the Allegheny County Mental Health/Mental Retardation Program has allocated $20,000 to the Center for Mental Health services to deaf persons in Allegheny County.

VI. IMPLICATIONS

A. The expertise and backgrounds of the staff should be varied according to the needs for services. To provide personal assistance, a staff member need not possess a college diploma. A staff member providing vocational counseling should have expertise in that area. A variety of staff backgrounds and experiences permits a multi-disciplinary approach to resolving individual problems.

B. All staff members must be aware of what agencies and services are available in the community and how they can best be utilized. An orientation of existing community agencies should be given all new staff members. Interagency cooperation should be discussed at stafflings to inform the staff of new agency contacts and their responses to serving deaf persons.

C. Initial services should focus on both the need for service and income factors involved. Interpreting in a variety of settings is a definite need in any large metropolitan area, but it does not generate enough income to sustain the mornal operations. Therefore, some specific service needs which will generate sufficient income should be offered to agencies and deaf individuals immediately. The Pittsburgh Counseling Center for the Deaf focused in on vocational services which would be funded by the Pennsylvania Bureau of Vocational Rehabilitation.

D. Interpreters should be selected for specific interpreting situations based on their skills and adherence to the Registry of Interpreters for the Deaf's code of ethics. A large number of interpreters come from families with deaf members or deaf parents. This in turn makes them familar to the deaf community. Many deaf persons do not want the son or daughter of a deaf person, with whom they interact socially, to interpret in personal matters because they are concerned with confidentiality. The present changes in the National Registry of Interpreters for the Deaf will significantly upgrade interpreting as a profession.

E. New agencies established to provide services to the deaf should be affiliated with existing community agencies serving a similar population. Commonality of disability groups being served by an existing agency and an agency serving the deaf provides better continuity and flexability of services. The Pittsburgh Hearing and Speech Society, previously serving hard of hearing and persons with communicative disorders, now serves many deaf persons. The Center for the Deaf now is seeing more hard of hearing persons than it did during Phase I.

F. Identification of the deaf population to be served is important for appropriate rendering of services. To assess the need for services the number of deaf persons in an area has to be known along with the make-up of the population. The needs of older deaf persons is different from those of a younger deaf population. Deaf persons who are members of minority groups may also need specialized services.

G. Deaf persons seeking services from the Center generally fall into the lower income bracket. This is also true of the general population who utilizes community agencies. More affluent deaf persons do not seek counseling or personal assistance services, but do request interpreting services in a variety of situations. It is felt that this latter group depends more on their children and relatives for assistance involving general matters.

H. Deaf persons seek professional help from persons who can communicate readily with them. Everyone on the staff from the administrator down should have a working knowledge of American Sign Language. A deaf person on the staff is invaluable at times for communicating with very low verbal deaf persons.

I. The staff composition should be varied in order to effectively provide services. In some instances women are more effective in dealing with specific problems whereas in others a man is better. A black person on staff may have more mobility in to the black deaf community.

J. Public relations should be given careful attention. Public relations is vital in informing a community of the specific problems which deafness represents for the individual. Significant headway can be made in funding of an agency through the media.

K. Staff personnel should socialize with deaf persons on all levels as well as joining their organizations but still maintain a standard of professional ethics. Every major city has a local club for the deaf and/or organizations of the Deaf. By interacting with deaf persons in their own organizations better rapport and understanding is established between staff and deaf persons.

L. The uniqueness of the deaf community makes confidentiality extremely important in the provision of services. Services or clients should not be discussed with anyone other than professional people who can in some way assist in the provision of services. Nothing can do more harm to an agency's reputation than to have it be known that information is not kept confidential.

M. An agency for the deaf is often expected to support the deaf client regardless of the circumstances involved in the problem. Some deaf clients bring in untenable problems which clearly show them to be in the wrong. If the agency does not support their claim it is the deaf person's belief that he has been wronged. Considerable counseling is required in cases like this. Another professional person is often brought in for consultation at this point.

N. Not only do staff members have to be involved socially and professionally with deaf persons but the same involvement must occur with other agencies providing services to the deaf. The major focus in this involvement is alerting the agency to the needs of deaf persons and that the Center will provide supportative services as needed.

O. The provision of services to an individual client should be, but not necessarily, handled by one specific counselor. Often clients come in to see what has been resolved regarding their problem, but the counselor with whom the first contact was made may be out. Rather than have the client return, all information relevant to his case should have been documented on a case sheet. This enables another counselor to give him the necessary information.

P. Deaf persons may not feel the need for counseling or assistance which other family members may feel are important. Situations such as this occur occasionally and the deaf person refuses to come into the Center. If help is essential for the deaf person's welfare, the family members become involved in counseling. The rationale being that the deaf person might listen to them rather than a professional. In some cases nothing can be done until the deaf individual admits help is needed and refers himself.

Q. Deafness should be considered the major disability when dealing with multiply handicapped persons. The Center's work involves a considerable number of deaf persons who have additional disabilities, i.e., retinitis pigmatosis, and mental retardation. All of these clients are dealt with in terms of their deafness first with their other disability dealt with regarding its influence on their deafness.

R. A good relationship should be established with a facility offering overnight accommodations for deaf transients. Several times a year a deaf person from out of town finds his way to the Center without means of support. Lodgings should be available for such persons with minimal costs to the agency. More permanent lodging facilities should be available for deaf persons released from state hospitals and deaf persons moving to the area from other cities.

S. The Center should be located in an area familar to deaf persons and easily accessible. The Counseling Center for the Deaf is located in an area where deaf persons have always been provided services. It is located next to a church for the deaf and across the street from a residential school for the deaf.

T. The board of directors of any agency serving the deaf should be familiar with the agencies' operations, its need in the community, and actively support it. The board should include deaf persons active and well respected in the deaf community.

U. Services to deaf clients should be immediate and direct if possible. The staff should have the expertise to provide direct services in a variety of areas. If they are unable to do so, information and/or persons should be readily available for consultation regarding the problem.

V. A considerable amount of evening work is involved in serving deaf persons. Staff members should be aware of this and be willing and available for evening work when necessary.

W. Articles should be written by the staff for dissemination to both professional and deaf persons. These articles should appear in local and state publications for the deaf giving them information pertinent for their welfare.

APPENDIX

APPENDIX A

The following part time staff and their roles at the Center included:

Part time staff in Phase I and II and their roles at the Center

The following:

**Barbarita, Linda - interpreter at Pitt (Phase II)
Secretary at University of Pittsburgh

**Doerfler, Alice - Interpreter (Phase I and II)
Housewife

Ethridge, Sharon - Interpreter (Phase II)
High School Student

Figurel, John - Counselor (Phase II)
Doctoral Candidate at University of Pittsburgh, Former VR Counselor

**Gallagher, Diane - Interpreter (Phase II)
Housewife

Garrity, Jim - Adult Education Teacher, Dean of Students at WPSD
Full-time administrator at WPSD

Gyle, Alice - Interpreter (Phase II)
Full-time teacher at WPSD

Gyle, Frank - Adult Education Teacher, Interpreter, Tutor (Phase I and II)
Past coordinator of deaf services at the Vocational Rehab. Center
Presently full-time doctoral candidate/University of Pittsburgh

**Hanes, Gertrude - Interpreter (Phase I and II)
Full-time teacher of the deaf at WPSD

Henderson, Joan - Tutor (Phase II)
Presently Counselor at Missouri School for Deaf

Herbst, Judith - Adult Education (Phase I)
Presently - Housewife

Karl, Mary Ann - Interpreter (Phase II)
Housewife

Kellogg, Robert - Interpreter/Counselor (Phase I and II)
Formerly - Teacher Training Program
Presently - teacher of deaf at Indiana School for the Deaf

*Kukleski, Adrian - Adult Education Teacher (Phase I and II)
Full time teacher of the deaf at WPSD

Mr. and Mrs. Richard Lewis - Adult Education teachers (Phase I)
Full-time teachers at WPSD

*Mrs. Ludivico, Ruth - Adult Education Teacher, tutor (Phase I and II)
Full-time teacher of the deaf at WPSD

Mrs. McManes, Janice - Counselor (Consultant Phase I and II)
Coordinator Dixmont Project

McMullen, Thomas - Interpreter, Adult Education (Phase II)
Full-time teacher of the deaf at WPSD

Malmberg, Mrs. Geraldine - Adult Education Teacher, Tutor (Phase I and II)
Full-time teacher of deaf at WPSD

**Miller, Myrtle - Interpreter (Phase II)
Housewife

**Panko, Donna - Interpreter (Phase II)
Housewife

Panko, Joseph - Interpreter (Phase II)
Doctoral Candidate at University of Pittsburgh

Perla, Rosemary - Interpreter (Phase II)
Undergraduate student at Carlow College

*Pickell, Herbert - Adult Education Teacher (Phase II)
Formerly Vocational Rehab. Center, Coordinator of deaf program.
Presently with FRAT

Pritchett, Luther - Interpreter (Phase II)
Doctoral Candidate at University of Pittsburgh

Ring, Mrs. George - Interpreter (Phase II)
Housewife

Ring, George - Interpreter (Phase II)
Pastor Trinity Lutheran Church for the Deaf

*Salem, Mary - Tutor (Phase II) Pennsylvania Rehab. Center
Homemaker

**Saunders, Ruth - Interpreter and tutor (Phase I and II)
Secretary at U.S. Steel

**Schmitzer, Helen - Interpreter (Phase II)
Housewife

**Sieffert, Cheryl - Interpreter (Phase II)
Housewife

Sicilliano, Betty - Adult Education Teacher (Phase I)
Cake Decorator

**Slemenda, Jack, Jr. - Adult Education Teacher, Tutor (Phase I and II)
Full-time teacher of deaf at WPSD

*Slemenda, Jack, Sr. - Adult Education Teacher
Full-time painter with City Housing Authority

Smith, Carol - Adult Education Teacher (Phase I)
Full time teacher of the deaf

*Sprinkle, Thomas - Tutor (Phase II)
Engineer

*Stangarone, Stella - Tutor, Teacher (Phase I and II)
Formerly - housewife
Presently - Tutor at Counseling Center for the Deaf

Stineman, Rodney - Counseling (Phase II)
Pittsburgh City Schools - Special Education

Traxler, Stanley - Adult Education Teacher, Part time Counselor
Interpreter (Phase I)
Formerly - Doctoral Candidate University of Pittsburgh
Presently - Seattle Community College Program for the Deaf

*Walls, Mr. Henry - Tutor, Interpreter (Phase II)
Steel Mill Worker

Weissert, Martha - Interpreter, Tutor (Phase I and II)
Housewife

Woleslagle, Sue - Tutor (Phase II)
Undergraduate Student at Boyce Community College

*Yaworsky, Enid - Tutor at Beaver County Rehab. Center (Phase II)
Housewife

APPENDIX B

Orientation to the Community

I. Mobility Training for Independence in the Community

A. Pedestrian Orientation
   1. Traffic lights
   2. Reading and comprehending road signs
   3. Approaching police or other pedestrians for directions.

B. Public Transportation
   1. Obtaining and reading a bus schedule
   2. Proper conduct on a bus
   3. Understanding where to deposit fare and where and when to board and deboard bus.
   4. Several trial-runs with counselor until competence has been established.

C. Drivers' Education
   1. Tutoring for oral section of test
   2. On-the-road training and practice
   3. Interpreting and personal assistance at State Drivers' Examination.

II. Finding a Place to Live

A. Newspaper ads

B. Rental Agencies

C. Important things to consider
   1. Proximity to work
   2. Proximity to community services
   3. Proximity to rehabilitation services

D. Understanding leases and rental agreements

E. Understanding utility bills

F. Furnishing an apartment

III. Grocery Buying

A. Learning about nutrition and balanced meals

B. Preparing a shopping list

C. Understanding food stamps
   1. Eligibility for food stamps
   2. Where and how to obtain food stamps
   3. How to use food stamps for maximum benefit

D. Sample shopping experience in Center's mock grocery store

E. Understanding the basics of food preparation.

F. Understanding the basics of measurements for use in the kitchen.

IV. Care of Personal Clothing

A. Using the Laundry
1. Selecting a laundry near home.
2. Understanding how to use coin operated appliances.
3. Understanding how to use detergents, bleaches, softners,etc.
4. Determining how often laundry must be done.

B. Dry Cleaning
1. Choosing a dry cleaner on the basis of quality of work and relative cost.

C. Ironing
1. Understanding how to use the iron
2. Correct temperatures for fabrics

D. Keeping garments in good repair
1. Mending
2. Careful storage in closets and drawers

V. Social Security

A. Understanding Social Security
1. Eligibility
2. Benefits
3. How and where to apply

B. How to cash and use Social Security checks.

VI. Department of Public Assistance

A. How and where to apply for welfare

B. Eligibility

C. Understanding the amount and dates welfare is received.

D. How to present proper identification to cash welfare allotment

E. How to report changes in status to Department of Public Assistance office

F. Counselor sometimes accompanies client to Department of Public Assistance Office to assist in application.

VII. Medical and Health Needs

A. Recognizing signs of needing medical assistance

B. Choosing a physician, dentist, optician, etc.

C. Setting up the appointment and making suitable arrangements to pay for services rendered.

D. Understanding how to give a good medical history to assist the doctor.

E. Counselor can accompany client to physician to interpret, render personal assistance, and help the client understand the physician's medication and advice.

VIII. Insurance

A. How and Where to Obtain
1. Life
2. Car
3. Health
4. Home owners and personal property

IX. Understanding Taxes

A. Income Tax - Preparing I.R.S. Form

B. Sales Tax

C. Special Taxes

X. Social Exposure Object: To permit the client numerous opportunities for social interaction with other deaf people.

A. Recreation activities in the Pittsburgh area

B. Religious activities in the Pittsburgh area

C. Pittsburgh Association of the Deaf

INDIVIDUAL ADJUSTMENT

I. Appropriate Personal Hygiene

A. Establish a Daily Personal Hygiene Chart

B. Items to be included
1. bath - shower
2. deodorants
3. manicuring nails
4. shampooing and styling hair
5. taking daily medication as necessary
6. oral hygiene - brushing teeth and mouth wash
7. wearing fresh under garments

C. Chart should be checked daily by counselor or Resident Supervisor

II. Understanding the Paycheck

A. When and where does worker get paid
B. Deductions and what they mean
C. Cashing the check

III. Banking

A. Checking and savings accounts

B. Understanding the basis of bank operations

C. Loans and financing.

IV. Money Management

A. Determining needs

B. Setting up a budget

C. Wise consumer spending, based on quality, quantity, durability, etc.

D. Understanding "buying on time" of major appliances

E. Understanding the use and misuse of charge accounts

F. Being prepared to meet emergency or medical expenses

G. Consultation with those people, roomates, apartment mates, etc. who contribute to the budget plan.

WORK READINESS

I. Explore present basic attitudes toward work

A. Discussion of past work or -

B. Training experiences

C. Why do you feel they were successful or unsuccessful?

II. Explore Basic Reasons for Work

A. Financial

B. Social

C. Psychological

D. Personal

III. Requirements and Expectations

A. Of employment and employer

B. On the part of the employee

IV. Getting ready for a Work Experience

A. Obtaining a birth certificate

B. Obtaining a Social Security card

C. Obtaining a work permit if necessary

D. Obtaining a health certificate

V. Counseling with the Family Object: Determine their expectations for the client. How are they similar or different from the goals of the Rehab. process?

VI. Group Interaction with Other Deaf Adult Workers of Approximately the Same Age Group. Object: Exchange of ideas.

VII. Observation of Other Deaf Employees

A. Gimbels - Packers and Sorters

B. Goodwill - Upholstery and Furniture Refinishing

C. Royal Bedding - Power Machine Operator

D. Allegheny County - Offices - Key Punch Operators

E. Allegheny County - Forestry Department

F. Allis Chalmers - Drafting Department

G. Bennett's Dry Cleaning - Presser

H. Pennsylvania Dept. of Highways - Engineer

Followed by Counseling and Discussion. Object: Choice of observations should serve to:

1. Enlarge the client's understanding of the world of work.
2. Expose the client to the many and various job possibilities, thus enabling him to make a more accurate selection for himself.
3. Help the client develop some ideas concerning his own relationship to the working environment.

VIII. Where and How to Look for a Job.

A. State employment service

B. Employment agencies

C. Industry

D. Bureau of Vocational Rehabilitation

E. Sheltered Workshops

F. Placement Offices

G. Using the newspaper

IX. Application Completion

A. Understanding of the terms

B. Securing permission for three references

C. Developing a resume of past school and work experiences.

X. Preparation for the Interview

A. Selling yourself and your assets

B. Appropriate clothes and manners

C. How to explain your handicap

D. Describing your training, education, and experience.

E. Appropriate subjects for discussion at an interview

F. Important questions to ask at an interview

XI. Role Playing - Interview
Exchange roles - allow client to be employer and get some feeling for what he, as the employer, might be looking for in a prospective employer.

XII. Keeping the Job

A. Getting to work on time

B. Wearing proper clothing for the jobs

C. Knowing the rules at work
1. coffee breaks
2. sick leave
3. vacation

D. Understanding how to punch-in or otherwise record working time.

E. "Getting along" and cooperating with boss and co-workers.

XIII Role Playing or Group Interaction - on the job experiences

A. Possible topics
1. What to do when you don't understand what is expected of you.
2. Who to communicate problems to or seek help from.
3. Developing friends at work
4. What to do when special situations arise.

XIV. Placement - Training or Job Setting

A. Follow-up and Supportive Services
1. Counselor establishes a working relationship with employer and orients him to deafness and its ramifications
2. If necessary, counselor spends a day orienting the client to the job and the routines and regulations of the company
3. Home visits - Object: Determine what positive or negative influences the home is having on the work performance.
4. Counselor makes periodic and regular visits to the training or job site to determine any problems or adjustments needed.
5. Counselor is available to the employer for any consultation or assistance he needs.
6. Counselor continues to see Center for counseling to insure a total adjustment as related to the Client's psychological, social, economic, physical and personal needs.

APPENDIX C

Additional information available:

1. Bureau of Vocational Rehabilitation proposal
2. Allegheny County Commissioners Interpreting Proposal
3. Allegheny County Mental Health/Mental Retardation Proposal
4. Department of Public Assistance Proposal

These proposals outline the services available to deaf people through the Counseling Center for the Deaf in accordance with each agencies' services to the general population. They cover essentially the same services elaborated on in the narrative section of this final report. Due to the length of each proposal they are not included in this report but are available on request by writing to the investigators.

ERIC Clearinghouse
JUL 10 1973
on Adult Education